

Shawnee State University Physical Form

Name: _____ Date: _____ Age: _____

Date of Birth: _____ Height: _____ Weight: _____

Vision: R _____ / _____ L _____ / _____ Pulse: _____ BP: _____

	Normal	Abnormal Results	Initials
1. Eyes (pupils equal)			
2. Ears, Nose, Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest and Lungs			
7. Abdomen			
8. Hernia			
9. Skin			
10. Musculoskeletal: ROM, Strength, etc			
a. Neck			
b. Spine			
c. Shoulders			
d. Hips			
e. Thighs			
f. Knees			
g. Ankles			
h. Feet			
i. Hand, Wrist, Fingers			
11. Neuro (if indicated)			
12. Laboratory Results (if indicated)			

Comments: _____

Participation Recommendations: _____

Cleared for: Contact _____ Contact Collision _____ Limited Contact _____ Noncontact _____

Date of Examination: _____ Authorized Signature: _____

Address: _____ Phone: _____