Boston Public Schools

PHYSICAL EXAMINATION FORM
(To be completed by Physician, Nurse Practitioner, and/or Physician’s Assistant)
This form or your medical examination form can be used. Please assure all elements from this form are reflected in your office form.

Student: (Please Print):  
Date of Birth:  
Grade:

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>Pulse:</th>
<th>BP:</th>
<th>Eyes: R20/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected: Yes</td>
<td>No (circle one),</td>
<td>Pupils: Equal</td>
<td>Unequal (circle one)</td>
<td></td>
</tr>
</tbody>
</table>

PART A: NORMAL/ABNORMAL FINDINGS

- Appearance
- Eyes/Bars/Nose/Throat
- Lymph Nodes
- Heart
- Pulse
- Lungs
- Abdomen
- Skin

PART B: MUSCULOSKELETAL

- Neck
- Back
- Shoulder/Arm
- Elbow/Forearm
- Wrist/Hand
- Hip/Thigh/Knee
- Leg/Ankle/Foot

PART C: CLEARANCE

Cleared (Please initial on line provided): 

Cleared after completing evaluation/rehabilitation (Please initial on line provided): 

Not Cleared _______ Reason: 

Name of clinician/physician (Please Print) ___________________________ Signature: 

Address: ___________________________ Phone: _______________________ Date: ____________

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