



YESHIVAH OF FLATBUSH

ATHLETIC DEPARTMENT

ANNUAL PHYSICAL EXAMINATION & EVALUATION REPORT

Physical Examination (To be completed by licensed physician)

Student's Name _____ Date of Birth ____ / ____ / ____

Height _____ Weight _____ Wears Glasses YES NO

FINDINGS	NORMAL	ABNORMAL FINDINGS
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MEDICAL:		
1. Appearance	_____	_____
2. Eyes/Ears/Nose/ Throat	_____	_____
3. Lymph Nodes	_____	_____
4. Heart	_____	_____
5. Pulses	_____	_____
6. Lungs	_____	_____
7. Abdomen	_____	_____
8. Genitalia (Males)	_____	_____
9. Skin	_____	_____

MUSCULOSKELETAL:		
1. Neck	_____	_____
2. Back	_____	_____
3. Shoulder/Arm	_____	_____
4. Elbow/Forearm	_____	_____
5. Wrist/Hand	_____	_____
6. Hip/Thigh	_____	_____
7. Knee	_____	_____
8. Leg/Ankle	_____	_____
9. Foot	_____	_____

ASSESSMENT OF EXAMINING PHYSICIAN/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

_____ Cleared without limitation for PHYSICAL EDUCATION

_____ Cleared without limitation for COMPETITIVE ATHLETICS (**SPORT** _____)

_____ Not cleared for _____ Reason _____

Referred to: _____ Reason _____

Name of Physician/Nurse Practitioner _____ Physician Stamp Here: _____

Address _____

Signature of Physician _____

This form will not be considered complete without BOTH the Physician's Signature AND the Physician's Stamp affixed to this form.