ATHLETIC PRE-SCREENING EXAM

Student _____

PART 2: General Examination (to be completed by the examining physician)

	Normal	Abnormal (Describe)
Eyes, Ears, Nose, Throat		
Skin		
Lungs		
Heart		
Abdomen		
Genitalia/Hernia Males)		

Pulse _____
BP _____
Height _____
Weight _____
Visual Acuity:
R _____
L _____

SUGGESTED MUSCULOSKELETAL EXAM

	NL	AB		NL	AB	Describe Abnormals
MOTION/STRENGTH			**K KNEE JOINT**			
Flexion			N Effusion			
N Extension			E Tenderness			
E Rotation Left			**E QUADRICEPS**			
C Rotation Right			Size			
K Lateral Flexion Left			& Defects			
Lateral Flexion Right						
			S PATELLA			
MOTION/STRENGTH			U Tenderness			
S Forward Flexion			R Crepitus			
H Adduction			R Abnormal Tracking			
O Extension			O Subluxable			
U Internal Rotation			U **PATELLAR TENDON**			
L External Rotation			N **TIBIAL TUBERCLE**			
D Horizontal Adduction			D **LIGAMENTS**			
E STABILITY			I Medial Collateral			
R A-C JOINT			N Lateral Collateral			
			G Anterior Cruciate			
MOTION/STRENGTH			**CARTILAGE TESTING**			
E Biceps Extension			A			
L Triceps Extension			R STRENGTH			
B Supination			E Hip Flexors			
O Pronation			A Hamstrings			
W			S			
GENERAL FLEXIBILITY			**A MOTION/STRENGTH**			
Hamstrings			N Plantar Flexion			
Adductors (groin)			K Dorsiflexion			
Lumbar Spine			L Inversion			
Achilles			E Eversion			
Quadriceps			**LIGAMENTS**			
WRIST/HAND			**SPINE/SCOLIOSIS**			

RECOMMENDATIONS:
_____ Unlimited Participation
_____ Clearance withheld pending further evaluation (Comment)
_____ Participation limited to specific sports (Comment)
_____ No athletic participation (Comment)

Doctor's Signature _____ Date _____