

**Alvin Community College  
GENERAL PHYSICAL EVALUATION**

**PHYSICAL EXAMINATION**

DATE \_\_\_\_\_ SPORT \_\_\_\_\_ FR / SO \_\_\_\_\_

Name _____		Date of Birth _____	
Height _____	Weight _____	%Body Fat(optional) _____	Pulse _____ BP _____/_____(____/____/____)
Vision: R 20/____ L20/____		Corrected: Y N	Pupils: Equal _____ Unequal _____

Date of Last Tetanus \_\_\_\_\_ Allergies \_\_\_\_\_ Meds \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS	COMMENTS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**Clearance**  Cleared  Cleared after completeing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Practitioner (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Practitioner \_\_\_\_\_, MD/DO/NP/PA

**(All Students) Return to: Athletics Department - Physician Signature and Date Required**