

**THE GILBERT SCHOOL**  
**ATHLETIC MEDICAL EXAMINATION**  
 TO BE COMPLETED BY MEDICAL DOCTOR OR HIS DESIGNEE

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**GENERAL EXAM**

	Normal	Abnormal Findings
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
	Arrhythmia	
	Murmur	
ABDOMEN		
SPINE		
NEUROLOGICAL		
GENITALIA (hernia)		
PHYSICAL MATURITY (TANNER STAGE)	1	2 3 4 5

HEIGHT	
WEIGHT	
BLOOD PRESSURE	
PULSE	
URINALYSIS:	
Protein	
Blood	
Glucose	
TETANUS BOOSTER	
SUMMARY:	

**ORTHOPEDIC EXAM**

MUSCULOSKELETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

	Normal	Abnormal Findings
NECK		
SCOLIOSIS		Minimal..... Slight..... Moderate..... Referral.....
SHOULDERS		
ARMS/HANDS		
HIPS		
THIGHS		
KNEES		
ANKLES		
FEET		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDATIONS**

WEIGHT/LOSS GAIN	_____	MEDICATIONS	_____
STRENGTHENING	_____	SPECIAL EQUIPMENT	_____
STRETCHING	_____	BRACING/TAPING	_____
CONDITIONING	_____		

I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except those listed below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Signature of Medical Doctor M.D.

\_\_\_\_\_  
 Date of Physical Examination

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Medical Doctor (Print or Stamp)