**Athletic Medical Exam Screening**

**General Examination to be completed by the examining physician**

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal (describe)</th>
<th>Pulse</th>
<th>Blood Pressure</th>
<th>Height</th>
<th>Weight</th>
<th>Visual Acuity R:</th>
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</thead>
<tbody>
<tr>
<td>Eyes, Ears, Nose, Throat:</td>
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<td>Skin:</td>
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<td>Lungs:</td>
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<td>Heart:</td>
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<td>Abdomen:</td>
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</tbody>
</table>

**Suggested Musculoskeletal Exam**

**Neck**

- **Motion/Strength**
  - Flexion
  - Extension
  - Rotation
  - Lateral Flexion Right
  - Lateral Flexion Left

**Knee Joint**

- Effusion
- Tenderness

**Quadriiceps**

- Size
- Defects

**Patella**

- Tenderness

**Shoulder**

- **MOTION/STRENGTH**
  - Forward Flexion
  - Abduction
  - Extension
  - Internal Rotation
  - External Rotation
  - Horizontal Adduction
  - STABILITY
  - A/C JOINT

**Patellar Tendon**

- Abnormal Tracking
- Subluxable

**Tibial Tubercle**

**Ligaments**

**Elbow**

- **MOTIONS/STRENGTH**
  - Biceps Flexion
  - Triceps Extension
  - Supination
  - Pronation

**Cartilage Testing**

**Strength**

**Hip Flexors**

**Hamstrings**

**General Flexibility**

- **Ankle**
  - Motion/Strength
  - Plantar Flexion
  - Dorsiflexion
  - Inversion
  - Eversion
  - Spine/Scoliosis

**Recommendations:**

- UNLIMITED PARTICIPATION
- Clearance withheld pending further evaluation (comment below)
- Participation limited to specific cheer/spirit components (comment below)
- NO cheer/spirit participation (comment below)

**Comments:**

Signature: ____________________________  MD/DO  Date: ____________________________