



LUNA COMMUNITY COLLEGE ROUGH RIDER PHYSICAL EXAMINATION FORM

NAME: _____ Date: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Glasses: Y N Contacts: Y N Vision: R 20/____ L 20/____ Both 20/____

MEDICAL

	Normal	Abnormal Findings
Appearance	_____	_____
Heart	_____	_____
Pulses	_____	_____
Lungs	_____	_____
Lymph Nodes	_____	_____
Ears	_____	_____
Nose/Sinuses	_____	_____
Mouth/Teeth	_____	_____
Throat	_____	_____
Abdomen	_____	_____
Genitalia	_____	_____
Skin	_____	_____
Reflexes	_____	_____

Additional Comments:

MUSCULOSKELETAL

	Normal	Abnormal Findings
Neck	_____	_____
Back	_____	_____
Shoulders/Arms	_____	_____
Elbows/Forearms	_____	_____
Wrists/Hands	_____	_____
Hips/Thighs	_____	_____
Knees	_____	_____
Legs/Ankles	_____	_____
Feet	_____	_____
Squat	_____	_____
Step up	_____	_____

Clearance

Cleared: _____

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared: _____

Name of Examining Physician (Print): _____

Examining Physician (Sign): _____

Date of Exam: _____