EMBRY-RIDDLE UNIVERSITY
PHYSICAL EXAMINATION

NAME _____ **DATE OF BIRTH** _____

HEIGHT _____ **WEIGHT** _____ **PULSE** _____

Left BP 1) ____ / ____ **2)** ____ / ____ **3)** ____ / ____
Right BP 1) ____ / ____ **2)** ____ / ____ **3)** ____ / ____

CORRECTED VISION (CONTACTS)**: Y / N** **VISION: R 20 /** ____ **L 20 /** ____

PHYSICAL EXAMINATION

MEDICAL	*NORMAL*	*ABNORMAL FINDINGS*	*INITIALS*
Appearance			
Eyes / Ears / Nose / Throat			
Lymph Nodes			
Pulses			
-Femoral to exclude aortic coarctation			
- R radial pulse compared to femoral pulses Abdomen			
Genitalia (males only)			
Skin			
Physical stigmata of Marfan syndrome			

CARDIOVASCULAR	*NORMAL*	*ABNORMAL FINDINGS*	*INITIALS*
Heart/Lungs			

** Reference 21 point Cardiovascular Questionnaire*

MUSCULOSKELETAL	*NORMAL*	*ABNORMAL FINDINGS*	*INITIALS*
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			

CLEARANCE

Medical Cleared YES / NO

Cardiovascular Cleared YES / NO

Reason not cleared: _____

_____

Name of MD/PA/NP (print) _____

Signature of MD/PA/NP _____ Date _____