



Morgantown High School Band
P. O. Box 496, Morgantown, WV 26507-0496

Physical Exam

Student's Name: _____ Date of Birth _____
(Please Print) Last First Middle

Height _____ cm/Ft-in Weight _____ kg/lb Pulse _____ Blood Pressure _____/_____

Visual Acuity: Uncorrected _____/_____/_____ Corrected _____/_____/_____ Pupils equal & reactive Y / N

Mouth: Appliances: Y / N Missing/loose teeth: Y / N Caries in need of treatment: Y / N

Skin: Any infectious lesions: Y / N

Respiratory: Symmetrical/clear breath sounds: Y / N Wheezes: Y / N

Cardiovascular: Irregularities: Y / N Murmur: Y / N Peripheral pulses equal: Y / N

Abdomen: Masses: Y / N Splenomegaly: Y / N Hepatomegaly: Y / N

Genitourinary: Inguinal hernia: Y / N Testicles descended bilaterally: Y / N

Musculoskeletal: (Note any abnormalities)

Neck: Y / N Spine: Y / N Shoulder: Y / N Elbow: Y / N

Wrist: Y / N Knee/Hip: Y / N Ankle: Y / N

Recommendations Based on Above Evaluation: _____

After my evaluation, I give:

____ Full, unrestricted approval

____ Full approval; but I recommend further evaluation by:

____ Dentist ____ Eye Doctor ____ Family Physician ____ Other

____ Limited approval with the following restrictions: _____

____ Denial of approval for the following reasons: _____

Signature _____ MD/DO/NP/PAC Date ____/____/____