Lone Star College System Physical Examination

Name _____ Age _____ Date _____

Height _____ Weight _____ B/P _____/_____ Pulse _____

Vision R 20/_____ L 20/_____ Corrected: Yes No Pupils _____

COMPLETE PHYSICAL

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulders			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:

A. ☐ Cleared

B. ☐ Cleared after completing evaluation/rehabilitation for: _____

C. Not cleared for:

☐ Lifting / Transferring 50 lbs / Carrying 25 lbs.

☐ Pushing 100 lbs

☐ Reaching / Stretching / Bending

☐ Standing / Walking for 8-12 hours

Due to: _____

Recommendation: I certify that I have examined this individual and have found no condition(s) that would appear to prevent him/her from participating in all activities of the Program.

Further, I have found no condition, which might represent a potential hazard to the health of other students or to that of clients/employees in clinical facilities.

Date _____ Phone # _____ Physician Signature _____

PRINT NAME OF PHYSICAN and ADDRESS _____