



Thunderbird Adventist Academy  
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ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

ANNUAL PHYSICAL EXAMINATION

Name: _____		Date: _____	
Height: _____	Weight: _____	Pulse: _____	BP: _____
Vision: R20/ _____	L20/ _____	Glasses/Contacts: <b>Yes</b> <b>No</b>	Pupils: Equal _____ Unequal _____

	Normal	Abnormal Finding	Initials*
<b>Medical</b>			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/Hernia			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\*Station-based examination only

**CLEARANCE**

Cleared	
Cleared after completing evaluation/ rehabilitation for: _____	
_____	
_____	
Not Cleared for: _____ Reason: _____	
<b>Recommendations:</b> _____	
_____	
<b>Name of Physician (print/type)</b> _____	<b>Date</b> _____
<b>Address</b> _____	<b>Phone</b> _____
<b>Signature of Physician</b> _____	<b>MD/DO/NP/PA-C</b>

