

# Sports Physical Exam Checklist

Patient's name:

Date:

Date of birth:

Age:

Gender:

Other relevant information (if needed):

## Pre-examination

Previous medical history (including previous injuries, illnesses, or other conditions)

Current health status (including any symptoms, illnesses, or pains currently experiencing)

Current medications

Any concerns the individual has

Others:

## General health screen

Height

Blood temperature

Weight

Heart rate

Blood pressure

Vision

Others:

## Physical examination

Overall appearance

Cardiovascular and respiratory screening: This may involve assessment for any cardiac abnormalities or risks for chronic illnesses by checking for abnormal lung sounds, heart murmurs, etc.

Neurologic screening: Assess the nervous system by completing sensory tests, range of motion, posture, strength, flexibility, and stability.

Other systems screening: Assess other organs like the abdomen, ears, nose, throat, etc.

Others:

Additional screenings/assessments (nutrition status, hydration practice, mental health status, etc.)

**Additional notes**

Physician's name:

Physician's signature:

Date: