



CATCHNet Physician Physical Examination Form

Name: First _____ Last _____

Institution/Organization: _____ Sport/Activity: _____

EXAMINATION		
Height:	Weight:	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected: Y <input type="checkbox"/> N <input type="checkbox"/>
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata? (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Pallor, signs of anemia? Signs concerning for anorexia? 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils / Fundi EOM / Visual Fields 		
Lymph nodes		
Cardiovascular: Heart Murmurs (auscultation standing, supine, +/- Valsalva) Pulses		
Respiratory		
Abdomen		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Genital Exam (Males) Hernia		
Neurologic (including concussion concerns/history)		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulders		
Elbows		
Wrist/Hand/Fingers		
Hip		
Knee		
Ankle		
Foot		

Name: First _____ Last _____

Institution/Organization: _____ **Sport/Activity:** _____

ELECTROCARDIOGRAM (12 lead ECG)

Please provide athlete with a hard-copy print of a 12 lead ECG

- ECG must be interpreted by a physician, with that interpretation clearly indicated on the ECG

Do you consider this patient fit to compete as a varsity level athlete? Yes No

If no, please indicate your concerns and/or restrictions:

Name of Physician: _____ **Date:** __/__/____ (dd/mm/year)

Signature of Physician: _____ **MD License #:** _____ **Province:** _____

Address:

Phone #: _____

Physician's Stamp