

Nml	Abn	GENERAL ASSESSMENT	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Head	Ht
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	-----
<input type="checkbox"/>	<input type="checkbox"/>	ENT	Actual Wt
<input type="checkbox"/>	<input type="checkbox"/>	Mouth/teeth	-----
<input type="checkbox"/>	<input type="checkbox"/>	Lungs	Desired Wt
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	-----
<input type="checkbox"/>	<input type="checkbox"/>	GU	BP
<input type="checkbox"/>	<input type="checkbox"/>	Skin	-----
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	P

Nml	Abn	CARDIOVASCULAR ASSESSMENT	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	BP (sitting)	Peak Flow:
<input type="checkbox"/>	<input type="checkbox"/>	Auscultation (lying and standing)	1. _____
<input type="checkbox"/>	<input type="checkbox"/>	Pulses	2. _____
<input type="checkbox"/>	<input type="checkbox"/>	Physical signs of Marfan's syndrome (Use screening flow sheet if abn.)	3. _____

Nml	Abn	MUSCULOSKELETAL EVALUATION	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	C-spine	
<input type="checkbox"/>	<input type="checkbox"/>	Shoulders	
<input type="checkbox"/>	<input type="checkbox"/>	Elbows	
<input type="checkbox"/>	<input type="checkbox"/>	Wrists	
<input type="checkbox"/>	<input type="checkbox"/>	Hands	
<input type="checkbox"/>	<input type="checkbox"/>	Spine	
<input type="checkbox"/>	<input type="checkbox"/>	Hips	
<input type="checkbox"/>	<input type="checkbox"/>	Knees	
<input type="checkbox"/>	<input type="checkbox"/>	Ankles	
<input type="checkbox"/>	<input type="checkbox"/>	Feet	

ASSESSMENT/PLAN

Obtain Release of Record (specify) _____

Vision Screen Reviewed YES _____

Any pre-existing injury/illness? _____

Medical YES NO _____

Ortho YES NO _____

Waiver Form completed YES NO _____

Cleared

Medical YES NO _____

Ortho YES NO _____

<i>Clinician's Signature</i>	<i>Date</i>
<i>Signature of person who performed Musculoskeletal Evaluation if not clinician above</i>	<i>Date</i>

NAME _____

NUMBER _____