



Cordial EMS Education Student 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 Include ECG				
	Lungs				
	Skin				
	Abdominal				
	Psychological				
	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:
- | | |
|---|--|
| <input type="checkbox"/> Lifting / Transferring 50 lbs / Carrying 25 lbs. | <input type="checkbox"/> Reaching / Stretching / Bending |
| <input type="checkbox"/> Pushing 100 lbs | <input type="checkbox"/> 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.

Please list all medical problems and over the counter or prescribed medications. _____

 Date Phone # Physician or Community Paramedic Signature

PRINT NAME OF Medical Professional and ADDRESS