WestVirginiaUniversity.
COUNTRY ROADS PROGRAM

PHYSICAL EXAMINATION FORM

Country Roads Program

**To be completed by a medical doctor or advanced care physician (NP/PA)

Name_____DOB_____
Height_____Weight_____Pulse_____BP_____
Vision: R20/_____L20/_____ Corrected: Y N Pupils: Equal Unequal

MEDICAL	Normal (Check)	Abnormal Findings (Please Specify)	Initials/Date
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart Murmur			
Pulse			
Lungs			
Abdomen			
Genitourinary (males)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

Cleared without restriction:_____Date_____
Not Cleared:_____Cleared with specific restrictions (list) _____
Cleared with recommendations for further evaluation or treatment for:_____

_____
SIGNATURE OF PHYSICIAN:_____Date:_____

Print Name and Address of Physician completing this form:
Name:_____Address_____