

CAP MEMBER PHYSICAL EXAM FORM

Name <i>(Last, First, Middle)</i>	Grade	CAPID	Charter Number
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Note to Physician: Please complete the physical exam form below. Based on your knowledge of the individual and the information on the CAPF 160, *CAP Member Health History Form* (which the member should present to you), please determine a Physical Participation Category.

Vital Signs

Height	Weight	Blood Pressure	Pulse	Temperature	Respirations
Corrected distance vision:		Right Eye	/ 20	Left Eye	/ 20

Can the member hear a normal conversational voice at a distance of 6 feet with the member's back to the examiner? Yes No

Physical Examination

	Normal		Describe Abnormalities
	Yes	No	
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Orientation	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Urological	<input type="checkbox"/>	<input type="checkbox"/>	
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	
Psychological	<input type="checkbox"/>	<input type="checkbox"/>	
Joints	<input type="checkbox"/>	<input type="checkbox"/>	
Back	<input type="checkbox"/>	<input type="checkbox"/>	

Physical Participation Category *(Check One)*

<input type="checkbox"/>	Category I - Unrestricted. Member is in good health, and may participate in any physical activity without restrictions.
<input type="checkbox"/>	Category II - Temporarily Restricted. Temporarily restricted from some or all physical activities due to a temporary medical condition or injury. (Specify restrictions and duration.)
<input type="checkbox"/>	Category III - Partially Restricted. Permanently restricted from some physical activities due to medical condition or injury that is chronic or permanent in nature. (Specify restrictions.)
<input type="checkbox"/>	Category IV - Indefinitely Restricted. Unable to participate in physical activities and is generally only capable of sedentary activity.

List Restrictions And Duration

Certifying Physician

Name	Address	Phone

Date of Examination	Signature