

Air Land Emergency Resource Team

Pre-enrollment Physical Examination Form



NOTE: The Medical History and Consent form must be completed prior to Physical Examination!

Applicant's Name _____ Birth Date ____/____/____
 Last First Middle

Height _____ Weight _____ % Body Fat (Optional) _____ Pulse _____ BP ____/____

Vision: R _____ L _____ Corrected: Yes No Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings	Initials*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (Hernia)			
Skin (Rashes, Blisters)			
MUSCULOSKELETAL	Normal	Abnormal Findings	Initials*
Neck			
Back			
Shoulders/Arms			
Elbows/Forearms			
Wrists/Hands			
Hips/Thighs			
Knees			
Legs/Ankles			
Feet			

* Station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____

- Not cleared for: _____ Reason: _____
- Recommendations: _____

I certify that I have on this date examined this ALERT Basic Training applicant and that, on the basis of the examination requested by ALERT staff and the applicant's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to participate in supervised athletic activities. **(Note exceptions above.)**

Physician's Name and Address (Stamp or print)
 If the Physician's Assistant (P.A.) or Advanced Nurse Practitioner (A.N.P.) performed the exam, name and address of collaborating physician or physician group:

Examiner's Signature

Date

Examiner's Phone Number