

Sports medicine physical examination

(Version: 01.07.2026)

Examination date:		
Clinician:		
Name, first name:		
Date of birth:		
Gender:	<input type="checkbox"/> male	<input type="checkbox"/> female
Weight [kg]:		Percentile ¹ : _____
Height [m]:		Percentile ¹ : _____
BMI [kg/m ²]:		Percentile ¹ : _____

¹ For children and adolescents only

NL **significant finding**

1. Head/neck

Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Glasses	<input type="checkbox"/>	Contact lenses	<input type="checkbox"/>
Visual acuity (distance visual acuity)	left uncorrected	right uncorrected				
	left corrected	right corrected				
Nose/sinuses	<input type="checkbox"/>	<input type="checkbox"/>				
Teeth	<input type="checkbox"/>	<input type="checkbox"/>				
Throat/Tonsils	<input type="checkbox"/>	<input type="checkbox"/>				
Ears/eardrum	<input type="checkbox"/>	<input type="checkbox"/>				
Thyroid gland	<input type="checkbox"/>	<input type="checkbox"/>				
other						

2. Thorax/lungs

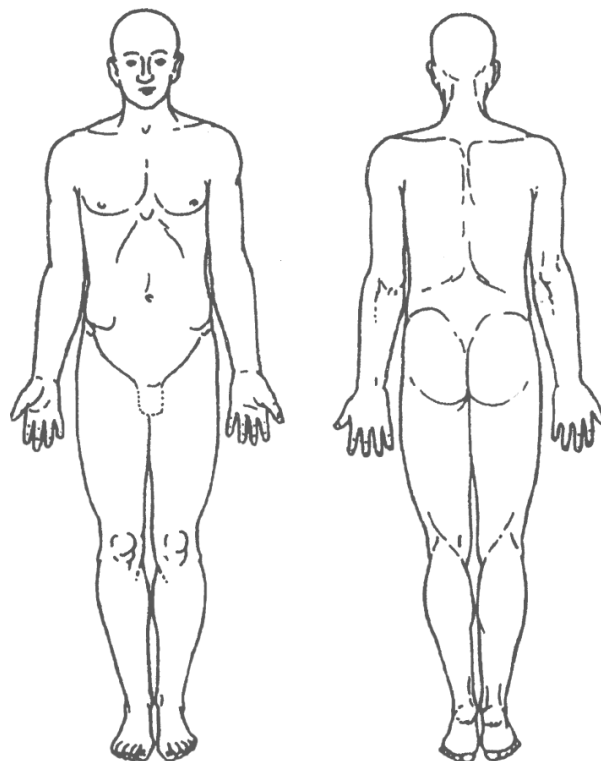
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>
Percussion	<input type="checkbox"/>	<input type="checkbox"/>
Rib cage	<input type="checkbox"/>	<input type="checkbox"/>
other		

3. Heart/Circulation

Pulse: /min		Blood pressure: / mmHg	
Auscultation	<input type="checkbox"/>	<input type="checkbox"/>	
Heart sounds	<input type="checkbox"/>	<input type="checkbox"/>	
Peripheral pulses	<input type="checkbox"/>	<input type="checkbox"/>	
Veins	<input type="checkbox"/>	<input type="checkbox"/>	

	NL	significant finding		
4. Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/> cervical r/l	<input type="checkbox"/> axillary r/l	
		<input type="checkbox"/> inguinal r/l	<input type="checkbox"/> other	
5. Skin	<input type="checkbox"/>	<input type="checkbox"/>		
6. Abdomen				
Palpation	<input type="checkbox"/>	<input type="checkbox"/>		
Liver	<input type="checkbox"/>	<input type="checkbox"/>		
Spleen	<input type="checkbox"/>	<input type="checkbox"/>		
Kidney lodges	<input type="checkbox"/>	<input type="checkbox"/>		
Hernias/Genitals/Tanner stage.	<input type="checkbox"/>	<input type="checkbox"/>		
7. Nervous system				
Reflexes	<input type="checkbox"/>	<input type="checkbox"/> ASR r/l	<input type="checkbox"/> PSR r/l	<input type="checkbox"/> other
Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>		
Muscle function	<input type="checkbox"/>	<input type="checkbox"/>		

Mark pathological findings (for sections 1 – 7):



	NL	significant finding
8. Musculoskeletal system		
Gait/posture/limb alignment	<input type="checkbox"/>	<input type="checkbox"/>
Spine curvature	<input type="checkbox"/>	<input type="checkbox"/>
Pelvis	<input type="checkbox"/>	<input type="checkbox"/> tilt towards <input type="checkbox"/> right <input type="checkbox"/> left minus cm
Sacroiliac joint	<input type="checkbox"/>	<input type="checkbox"/>
Leg length	<input type="checkbox"/>	<input type="checkbox"/>
Cervical spine	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic spine	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar spine	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder girdle	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Hand/wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle joint	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>
Muscle lengths/flexibility	<input type="checkbox"/>	<input type="checkbox"/>
Functional tests	<input type="checkbox"/>	<input type="checkbox"/>
Sport-specific findings	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<input type="checkbox"/>	<input type="checkbox"/>

Mark pathological findings (for section 8):

