

L.I.F.E for Kids Physical Evaluation

Patient Name _____ Date _____

Sex _____ Age _____ Date of Birth _____

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____		
Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils (Circle) Equal/Unequal R>L L>R		
	Check if regular/normal	If abnormal describe findings here
Heart		
Rhythm		
Murmur (supine)		
Murmur (standing)		
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia/Hernia		
Musculoskeletal		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Clearance:

- Pt is cleared – can participate in moderate calorie restriction and physical activity program without restriction
- Pt is cleared with the following restrictions or recommendations

Pt should not participate in the program until the following tests/evaluations are performed

Name of physician: _____ Date _____

Address: _____ Phone: _____

Signature of physician _____