Ambert Medical Care Center

15495 Eagle Nest LN Suite 100
Miami Lakes FL 33014
Ph: 305-556-0021 Fax: 305-556-0071
Email: ambertmedcare@hotmail.com

PHYSICAL EXAMINATION FORM

Name Taira Magdalena Date of birth 12/7/1977

Examination			
Height 63.5 inch	Weight 280 lbs	☐ Male ☒ Female	
BP 117/80	Pulse 70 bpm		
Medical	**Normal Findings?**	**Comments/Description**	
Appearance	☒Yes ☐No		
Eyes/Ears/Nose/Throat	☒Yes ☐No		
Lymph Nodes	☒Yes ☐No		
Heart	☒Yes ☐No		
Pulses	☒Yes ☐No		
Pulses Lungs	☒Yes ☐No		
Abdomen	☒Yes ☐No		
Genitourinary (Males Only)	☒Yes ☐No		
Skin	☒Yes ☐No		
Tinea Corporis Neurologic	☒Yes ☐No		
Musculoskeletal			
Neck	☒Yes ☐No		
Back Shoulders	☒Yes ☐No		
Elbow/Forearm	☒Yes ☐No		
Wrist/Hands/Fingers	☒Yes ☐No		
Hip/Thighs	☒Yes ☐No		
Knee	☒Yes ☐No		
Leg/Ankle	☒Yes ☐No		
Foot/Toes	☒Yes ☐No		

☒ Cleared without restriction

Not cleared

- ☐ Pending further evaluation
- ☐ With Restrictions

Reason : _____

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Recommendations: TB screening repeating Quantiferon - See attached

I have examined the above-named patient and completed the physical evaluation. A copy of the physical exam is on record in my office and can be made available at the request of the parents. If conditions arise after the patient has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the parents.

Name of physician (print/type) [signature] Date 9/10/2022

Signature of physician [signature] Office Stamp: _____