Ambert Medical Care Center

10621 N Kendall Drive Suite 101
Miami FL 33176
Ph: 305-556-0021 Fax: 305-556-0071
Email: ambertmedcare@hotmail.com

PHYSICAL EXAMINATION FORM

Name Isaias Magdaleno Noriega Date of birth 12/07/22

Examination		
Height 63.5	Weight 248	☐ Male ☒ Female
BP 112/75	Pulse 84	
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)	N/A ☐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 : _____

Recommendations: _____

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) Manuel Moya Date 05/17/24

Signature of physician _____

Office Stamp: Ambert Medical Care Center
15405 Eagle nest lane Suite 100
Miami Lakes, FL 33014
Ph: 305-556-0021 Fax: 305-556-0071