

(BEILAGE 3)

Sportärztliche Untersuchung

Name, Vorname:	Untersuchungsdatum:
Geb.-Datum:	UntersucherIn:

o.B. signifikanter Befund

1. Kopf/Hals

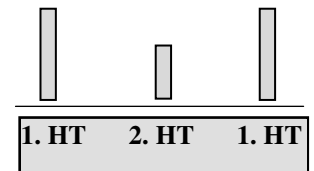
Augen	<input type="checkbox"/>	<input type="checkbox"/>			
Visus	<input type="checkbox"/>	<input type="checkbox"/>	Brillen/Kontaktlinsen	<input type="checkbox"/> re	<input type="checkbox"/> li
Nase	<input type="checkbox"/>	<input type="checkbox"/>			
Nasennebenhöhlen	<input type="checkbox"/>	<input type="checkbox"/>			
Zähne	<input type="checkbox"/>	<input type="checkbox"/>			
Rachen/Tonsillen	<input type="checkbox"/>	<input type="checkbox"/>			
Ohren/Trommelfell	<input type="checkbox"/>	<input type="checkbox"/>			
Schilddrüse	<input type="checkbox"/>	<input type="checkbox"/>			
anderes					

2. Thorax/Lungen

Auskultation	<input type="checkbox"/>	<input type="checkbox"/>
Perkussion	<input type="checkbox"/>	<input type="checkbox"/>
Rippenthorax	<input type="checkbox"/>	<input type="checkbox"/>
anderes		

3. Herz/Kreislauf

Puls: /min	BD: mmHg
Auskultation	<input type="checkbox"/> <input type="checkbox"/>
Herztöne	<input type="checkbox"/> <input type="checkbox"/>
Periphere Pulse	<input type="checkbox"/> <input type="checkbox"/>
Venen	<input type="checkbox"/> <input type="checkbox"/>



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4. Lymphknoten

- | | |
|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> cervical re / li | <input type="checkbox"/> axillär re / li |
| <input type="checkbox"/> inguinal re/li | <input type="checkbox"/> andere |
-

5. Haut

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|
-

6. Abdomen

- | | | |
|-------------------|--------------------------|--------------------------|
| Palpation | <input type="checkbox"/> | <input type="checkbox"/> |
| Leber | <input type="checkbox"/> | <input type="checkbox"/> |
| Milz | <input type="checkbox"/> | <input type="checkbox"/> |
| Nierenlogen | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernien/ Genitale | <input type="checkbox"/> | <input type="checkbox"/> |
-

7. Nervensystem

- | | | | | |
|--------------|--------------------------|------------------------------------|------------------------------------|---------------------------------|
| Reflexe | <input type="checkbox"/> | <input type="checkbox"/> ASR re/li | <input type="checkbox"/> PSR re/li | <input type="checkbox"/> andere |
| Sensibilität | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Motorik | <input type="checkbox"/> | <input type="checkbox"/> | | |

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8. Wirbelsäule/Rumpf

- | | | | | | | |
|-----------------------------|--------------------------|--------------------------|------------------|-----------------------------|-----------------------------|----------|
| Gangbild/Haltung | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Rückenform | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Becken | <input type="checkbox"/> | <input type="checkbox"/> | Schiefstand nach | <input type="checkbox"/> re | <input type="checkbox"/> li | minus cm |
| Iliosakralgelenk | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Beinlänge | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| HWS | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| BWS | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| LWS | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Schultergürtel | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Ellbogen | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Hände | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Hüfte | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Knie | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Sprunggelenk | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Füsse | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Sportartspezifische Befunde | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Muskellängen/Beweglichkeit | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

Pathologische Befunde markieren:

