

PHYSICAL EXAMINATION	DATE OF EXAM:
Name _____ Date of Birth _____ Age _____	
Height _____ Weight _____ % Body Fat (Optional) _____ Pulse _____ BP ____/____ (____/____)	
Vision R 20/____ L 20/____ Corrected: Y N	
Pupils: Equal _____ Unequal _____	
For Nurses Use Only	
Any prior conditions requiring medical clearance? Yes ___ No ___ (If yes, please explain)	
Last Exam Date: _____ Height: _____ Weight: _____	

	NORMAL ()	ABNORMAL WITH COMMENT	INITIALS	
MEDICAL	Physician's Initials (each finding, abnormal or normal)			Notes: Please list medications, allergies, past medical history, past surgical history (if not listed on pg. 1)
Appearance				
Eyes/Ear/Nose/Throat				
Lymph Nodes				
Heart				
Pulses				
Lungs				
Abdomen				
Genitalia (males only)				
Skin				
MUSCULOSKELETAL				
Neck				
Back				
Shoulder/Arm				
Elbow/Forearm				
Wrist/Hand				
Hip/Thigh				
Knee				
Leg/Ankle				
Foot				

MEDICAL CLEARANCE

SPORTS CATEGORIES: Clearance for sports participation in the following categories is approved as follows for the school year 20__ to 20__ (please initial all that applies):

- /___/ **CONTACT/COLLISION** (Field Hockey, Football, Ice Hockey, Lacrosse, Soccer, Wrestling)
- /___/ **LIMITED CONTACT/IMPACT** (Baseball, Basketball, Diving, Gymnastics, Handball, Skiing, Softball, Volleyball, Fencing)
- /___/ **STRENUOUS NON-CONTACT** (Cross Country, Track and Field, Swimming, Tennis, Badminton, Cheerleading, Kickline/Dance, Weight Training)
- /___/ **NON-STRENUOUS/NON-CONTACT** (Bowling, Golf, Archery, Riflery)

For unmarked categories, state reasons and provide medical conditions below.

Further Evaluation/Consultation Needed From Private Physician Prior to Clearance

PHYSICIAN INFORMATION: Name of Physician (Print/Type/Stamp) _____

Address _____

Phone _____ Signature of Physician _____ Date _____

PARENTAL CONSENT

I hereby give my consent for _____ to participate in the interscholastic athletic practices and contests of _____

(Student Name)

(Sport Activity)

Signature of Parent or Guardian _____ Date _____

If parents or immediate family cannot be reached in an emergency, the following individual(s) shall be called:

Name _____ Relationship _____ Home Phone _____

Work Phone _____ Mobile Phone _____ Beeper _____