

PHYSICAL EXAMINATION				DATE OF EXAM:
Date of Birth	Name			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 COMMENTS	INITIALS	Notes: Please list medications, allergies, past medical history, and past surgical history (if not listed on pg. 1)
MEDICAL	Physician's Initials (each finding, abnormal or normal)			
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Heart				
Pulses				
Lungs				
Abdomen				
Genitalia (males only)				
Skin				
MUSCULOSKELETAL				
Neck				
Back/Scoliosis				
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 apply):

<input type="checkbox"/>	CONTACT/COLLISION (Field Hockey, Football, Ice Hockey, Lacrosse, Soccer, Wrestling)
<input type="checkbox"/>	LIMITED/CONTACT/IMPACT (Baseball, Basketball, Diving, Gymnastics, Handball, Skiing, Softball, Volleyball, Fencing)
<input type="checkbox"/>	STRENUOUS/NON-CONTACT (Cross Country, Track & Field, Swimming, Tennis, Badminton, Cheerleading, Kick/Line Dance, Weight Training)
<input type="checkbox"/>	NON-STRENUOUS/NON-CONTACT (Bowling, Golf, Archery, Riflery)
<input type="checkbox"/>	Further Evaluation/Consultation Needed From Private Physician Prior to Clearance

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

PHYSICIAN INFORMATION:	Name: (Print/Type/Stamp).
Phone:	Address:
Physician Signature:	

PARENTAL CONSENT

I hereby give my consent for (student) _____ to participate in the interscholastic athletic practices of (sport) _____.

Signature of Parent or Guardian	Date
If parents or immediate family cannot be reached in an emergency, the following individuals shall be called:	
Name:	Relationship: Home Phone:
Work Phone:	Mobile Phone: Beeper: