



Annual School Physical Examination

(Physical Examination form is required each school year dated after May 1 of the preceding school year and is good through June 30th of the current school year)

Name: _____ Date of Birth: _____

Date of examination:					
Height:	Weight:	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
BP /	Resting Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical	Normal	Abnormal Findings
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

I have reviewed the above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
 - CLEARED WITH THE FOLLOWING NOTATIONS:** _____
 - Cleared **AFTER** documented further evaluation or treatment for: _____
 - Not cleared for (specific sports) _____ Until Date: _____
 - Reason(s): _____
 - NOT CLEARED FOR PARTICIPATION Reason** _____
- By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Medical History.*

Physician Signature: _____ (*MD, DO, LNP, PA) Date _____
Circle one

Examiner's Name and degree (print): _____ Phone Number _____
 Address: _____ City: _____ State: _____ Zip: _____

***Only signatures of Doctors of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted**