

PHYSICAL EXAMINATION FORM

Height _____ Weight _____ BP _____ / _____ T _____ Pulse R _____
 Visual acuity R 20 / _____ L 20 / _____ Corrected Y N Pupils _____

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
Cardiopulmonary		
Pulses	_____	_____
Heart	_____	_____
Lungs	_____	_____
Skin	_____	_____
Abdominal	_____	_____
Genitalia	_____	_____
Musculoskeletal		
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

CLEARANCE / RECOMMENDATIONS

Clearance:

- _____ A. Cleared for all sports and other school-sponsored activities.
- _____ B. Cleared after completing evaluation / rehabilitation for:

- _____ C. *NOT* cleared to participate in the following IHSAA sponsored sports:
 Baseball Cross Country Golf Softball Track
 Wrestling Volleyball Basketball Football Soccer
 Tennis
- Not cleared for other school-sponsored activities:
 (Example) 1. Swimming 2. _____ 3. _____
- _____ D. Student is *NOT* permitted to participate in high school athletics. Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____
 (This Physical form must be signed by a licensed physician, physician's assistant or nurse practitioner)

Address: _____ Phone: (_____) _____