

**HOLLAND HALL SCHOOL
PHYSICAL EXAMINATION FORM
(REQUIRED FOR KDG, 4th, and all students in grades 6 - 12)
2011-2012**

Name _____ M or F Grade _____ Sport: Fall _____
 Date of Birth _____ Winter _____
 Height _____ Date of last vision exam _____ Spring _____
 Weight _____ Wears: Contacts Y/N _____
 Pulse _____ Glasses Y/N _____
 Blood Pressure _____
 IMPACT testing _____

	Normal	Abnormal Findings	Initials
1. General appearance			
2. Nutritional status			
3. Skin			
4. Eyes			
5. Ears, nose, throat			
6. Mouth and teeth			
7. Neck (lymphatic, thyroid)			
8. Cardiovascular			
9. Chest and lungs			
10. Abdomen			
11. Genitalia (hernia-male)			
12. Musculoskeletal (ROM, strength, etc.)			
a. neck			
b. spine			
c. shoulders			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
13. Neurological			

Comments regarding abnormal findings: _____

Participation Recommendations:

____ Cleared for full participation
 ____ Cleared for limited participation Reason: _____
 ____ Not cleared for participation Reason: _____

Special instructions or special limitations: _____

Date of Examination: _____ Printed name of Physician: _____

Physician's Phone: _____ **Signature of Physician:** _____

Signature of Parent: _____