

## Physical Examination Form (2020-21)

Required for Kindergarten, all 4th-12th Grade students, and all new students. Please print clearly.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Vision: **R** 20/ \_\_\_\_\_ **L** 20/ \_\_\_\_\_ Corrected: **Y** / **N** Impact Testing: **Y** / **N**

|                          | Normal | Abnormal Findings | Initials |
|--------------------------|--------|-------------------|----------|
| 1. General Appearance    |        |                   |          |
| 2. Eyes/Ears/Nose/Throat |        |                   |          |
| 3. Neck                  |        |                   |          |
| 4. Cardiovascular        |        |                   |          |
| 5. Chest/Lungs           |        |                   |          |
| 6. Abdomen               |        |                   |          |
| 7. Genitalia (male only) |        |                   |          |
| 8. Skin                  |        |                   |          |
| 9. Musculoskeletal       |        |                   |          |
| Neck                     |        |                   |          |
| Back                     |        |                   |          |
| Shoulders/Arms           |        |                   |          |
| Elbow/Forearm            |        |                   |          |
| Wrist/Hand               |        |                   |          |
| Hip/Thigh                |        |                   |          |
| Knee                     |        |                   |          |
| Leg/Ankle                |        |                   |          |
| Foot                     |        |                   |          |

***This section to be completed by physician only.***

|                       |  |
|-----------------------|--|
| Clearance:            | <input type="checkbox"/> Cleared for full participation without restriction. |
|                       | <input type="checkbox"/> Cleared for limited participation.                  |
|                       | <input type="checkbox"/> Not cleared for:<br><br>Reason: _____               |
| Special Instructions: |  |

Name & Title of Examiner (Print/Type) \_\_\_\_\_

Signature of Examiner \_\_\_\_\_ Date \_\_\_\_\_