

**PHYSICAL EXAMINATION RECORD** (To be completed by a licensed professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.*)

Athlete's Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Vision R 20/\_\_\_\_\_ L 20/\_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's )			
2. Eyes/Ears/Nose/Throat			
3. Mouth & Teeth			
4. Neck			
5. Lymph Nodes			
6. Heart (Standing & Lying)			
7. Pulses (esp. femoral)			
8. Chest & Lungs			
9. Abdomen			
10. Skin			
11. Genitals - Hernia			
12. Musculoskeletal - ROM, strength, etc. (See questions 21-28)			
13. Neurological			

Comments regarding abnormal findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ATHLETIC PARTICIPATION RECOMMENDATIONS:**

- \_\_\_\_\_ **Full & Unlimited Participation**
- \_\_\_\_\_ **Limited Participation** - May NOT participate in the following (checked):
- \_\_\_\_\_ Baseball \_\_\_\_\_ Basketball \_\_\_\_\_ Cross Country \_\_\_\_\_ Football \_\_\_\_\_ Golf \_\_\_\_\_ Soccer
- \_\_\_\_\_ Softball \_\_\_\_\_ Swimming \_\_\_\_\_ Tennis \_\_\_\_\_ Track \_\_\_\_\_ Volleyball \_\_\_\_\_ Wrestling
- \_\_\_\_\_ **Clearance Pending Documented Follow up of** \_\_\_\_\_
- \_\_\_\_\_ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

\_\_\_\_\_  
 Licensed Professional's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Licensed Professional's Signature \_\_\_\_\_ Phone \_\_\_\_\_

**Parent's or Guardian's Permission and Release** (Sign after the physical examination has been completed.)

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

\_\_\_\_\_  
 Typed or printed Name of Parent or Guardian \_\_\_\_\_ Signature of Parent of Guardian \_\_\_\_\_

\_\_\_\_\_  
 Address (Street/PO Box, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_