

ANNUAL PRE-PARTICIPATION - PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth: _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____,_____/_____)
brachial blood pressure while sitting
 Vision R 20/____ L 20/_____ Corrected: Y ___ N ___ Pupils: Equal ___ Unequal ___

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY ACTIVITIES BEFORE, DURING OR AFTER SCHOOL. TO BE CURRENT, A PHYSICAL MUST BE DATED WITHIN THREE MONTHS OF THE STUDENT'S ARRIVAL ON CAMPUS.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin /Acanthosis Nigricans(ANTS)			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back/Spine			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

___ Cleared for school activity/athletic participation.
 ___ Cleared after completing evaluation/rehabilitation for: _____

 Not cleared for: _____ Reason: _____
 Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioners will not be accepted.

Physician Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
Physician Signature: _____