

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 20-27)			
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