

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated above). *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/ _____ Vision corrected? Yes _____ No _____

| | Normal | Abnormal Findings | Initials |
|--|--------|-------------------|----------|
| Appearance (esp. Marfan's) | | | |
| Eyes / Ears / Nose / Throat | | | |
| Mouth & Teeth | | | |
| Neck | | | |
| Lymph Nodes | | | |
| Heart (Standing & Lying) | | | |
| Pulses (esp. femoral) | | | |
| Chest & Lungs | | | |
| Abdomen | | | |
| Skin | | | |
| Genitals – Hernia | | | |
| Musculoskeletal – ROM, strength, etc (see questions 21-28) | | | |
| Neurological | | | |

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS

_____ **FULL & UNLIMITED PARTICIPATION**

_____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

Licensed Medical Professional's Name (*Printed*)

Date

Licensed Medical Professional's Signature

Phone

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby verify the accuracy of the information on the opposite side of this form and 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, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

ACCIDENT INSURANCE IS REQUIRED for all students participating in athletics.

We wish to purchase school insurance.

We do NOT wish to purchase school insurance.

We have our own coverage and we release the school from all financial liability resulting from accidental injury while participating in interscholastic athletics.

Company Name: _____

Policy #: _____

Typed or printed Name of Parent or Guardian

Signature of Parent of Guardian

Address (Street/PO Box, City, State, Zip)

Phone Number