

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

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 REQUESTED for all students participating in athletics.

PARENT'S OR GUARDIAN'S ELECTION & RELEASE

- We wish to purchase school insurance.
- We do NOT wish to purchase school insurance and we **RELEASE** the school from all financial liability resulting from accidental injury while participating in interscholastic athletics..
- We have our own coverage and we **RELEASE** the school from all financial liability resulting from accidental injury while participating in interscholastic athletics.
- We do NOT have insurance and have been offered to purchase school insurance. We declined and **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