

Physical Examination Form (2021-22)

Required for Kindergarten, all 4th-12th Grade students, and all new students. Please print clearly.

Student's Name _____ Date of Birth _____ Grade _____

Height _____ Weight _____ Pulse _____ BP _____ / _____

Vision: **R** 20/ _____ **L** 20/ _____ Corrected: **Y** / **N** Impact Testing: **Y** / **N**

| | Normal | Abnormal Findings | Initials |
|--------------------------|--------|-------------------|----------|
| 1. General Appearance | | | |
| 2. Eyes/Ears/Nose/Throat | | | |
| 3. Neck | | | |
| 4. Cardiovascular | | | |
| 5. Chest/Lungs | | | |
| 6. Abdomen | | | |
| 7. Genitalia (male only) | | | |
| 8. Skin | | | |
| 9. Musculoskeletal | | | |
| Neck | | | |
| Back | | | |
| Shoulders/Arms | | | |
| Elbow/Forearm | | | |
| Wrist/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot | | | |

This section to be completed by physician only.

| | |
|-----------------------|--|
| Clearance: | <input type="checkbox"/> Cleared for full participation without restriction. |
| | <input type="checkbox"/> Cleared for limited participation. |
| | <input type="checkbox"/> Not cleared for: |
| | Reason: |
| Special Instructions: | |

Name & Title of Examiner (Print/Type) _____

Signature of Examiner _____ Date _____