

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 _____