



Physical Examination Form

Name: _____ Date of Birth: _____

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision R 20 / _____ L 20 / _____ Corrected: Y N		
	Normal	Abnormal findings
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, nose, throat		
Pupils		
Abdomen		
Genitalia (males)		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

Clearance:

- A. Cleared for all sports and other school-sponsored activities.
- B. Cleared after completing evaluation / rehabilitation for: _____
- C. NOT cleared to participate in the following IHSAA sponsored sports / activities:
 Wrestling Girls Basketball Cheer Track Other: _____
- D. Student is NOT permitted to participate in Middle School Sports.
 Reason: _____

Name of physician: _____ Phone: _____

Address: _____

Signature of physician / medical provider: _____ Date: _____

(This Physical Examination Form MUST be signed by a licensed physician assistant or nurse practitioner)