



SPORTS PHYSICAL EXAMINATION

For use by students in grades **7, 8, 10, 11 and 12.**
 New students and students entering grades 6 and 9 must submit different documents
 (Health History and Physical Examination)
 To be completed by **physician.**

Student name: _____
 Date of Birth : _____
 Height: _____
 Blood Pressure: _____

Grade: _____
 School year: _____
 Weight: _____

SYSTEMS REVIEW

Please examine and check each area	Normal	Abnormal	Describe Abnormal Findings
Skin/Scalp			
Eyes			
Ears: otoscopic			
hearing			
Nose			
Throat			
Lymph Nodes			
Thyroid			
Heart			
Lungs			
Abdomen: hernia, masses, other			
Gentio-urinary			
Musculoskeletal: deformity			
limitation			
swelling/tenderness			
Scoliosis screening			
Neurological			
Other			

Approval for Athletics/ Competitive Sports

Based on the above assessment, this student:

- YES**-is cleared for participation in competitive athletics and physical education activities.
- NO**-is not cleared for participation in athletic activities due to _____

Physician signature _____ Date (m/d/y) _____

Medical facility/physician seal: