

PHYSICAL EXAMINATION

Instructions: A physical exam from a high school or a photocopy of one completed within the last 12 months may be substituted in the place of this form and returned. If you do not have physical available, then have this form completed by a physician. There is a grace period to allow for appointments; however, a physical must be turned in ASAP.

Athlete Name (first middle last) _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____

General Medical Examination

Comments / Recommendations

Normal	Abnormal	
<input type="checkbox"/>	<input type="checkbox"/>	Head
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Heart
<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Skin

Orthopaedic Examination

Normal	Abnormal	
<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Back
<input type="checkbox"/>	<input type="checkbox"/>	Upper Ext.
<input type="checkbox"/>	<input type="checkbox"/>	Hips
<input type="checkbox"/>	<input type="checkbox"/>	Knees
<input type="checkbox"/>	<input type="checkbox"/>	Ankles

- | | YES | NO | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | This athlete may compete in sports based on the data gathered from this examination. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | This athlete has a health condition (seizures, allergies, etc.) that may affect his or her ability to participate in a sports program. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | This athlete requires special medication. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | This athlete may participate with specific restrictions or adaptations. |

Additional Comments:

PHYSICIAN'S SIGNATURE _____ Date _____

Office Name / Business Phone Number _____