

Annual Medical Statement

Physical Examination

TO BE COMPLETED BY PHYSICIAN

STUDENT'S NAME: _____

ENTERING GRADE: _____

HEIGHT & WEIGHT

HEIGHT _____ IN.

WEIGHT _____ LBS.

BLOOD PRESSURE & HEART RATE

BP _____ / _____

HR _____

VISION CORRECTED? Y O N O

LEFT EYE 20 / _____

RIGHT EYE 20 / _____

GENERAL MEDICAL EXAM

APPEARANCE.....☐ NML ☐ ABNML
 EENT.....☐ NML ☐ ABNML
 LYMPH NODES.....☐ NML ☐ ABNML

HEART.....☐ NML ☐ ABNML
 PULSES.....☐ NML ☐ ABNML
 BREATHING/LUNG ..☐ NML ☐ ABNML

ABDOMEN.....☐ NML ☐ ABNML
 GENITALIA.....☐ NML ☐ ABNML
 SKIN.....☐ NML ☐ ABNML

NOTES/FINDINGS: _____

PLEASE DATE: Tdap: _____ VARICELLA #1: _____ VARICELLA #2: _____ MCV4: _____

Are there any additional aspects of this child's mental or physical condition not mentioned above of which you think the school should be aware?

CLEARANCE:

EXAM IS GOOD FOR ONE CALENDAR YEAR ONLY!

THIS STUDENT IS HEREBY:

☐ **CLEARED**

You consider this student physically able to engage in all sports and athletic activity.

☐ **CLEARED w/ LIMITATIONS**

Please explain any limitations or follow-up exam(s) you advise.

☐ **NOT CLEARED**

Please explain your reasons for disqualifying this student from activity.

PHYSICIAN: ALL FORMS MUST BE **SIGNED AND DATED** BY STUDENT'S PHYSICIAN. **PARENT SIGNATURE IS NOT VALID.**

PHYSICIAN (PRINT): _____

PHONE: _____

FACILITY: _____

FAX: _____

SIGNATURE: _____

EXAM DATE: _____

THE FOLLOWING, MORE SPECIFIC EXAMS/SCREENINGS ARE RECOMMENDED FOR THOSE STUDENTS PARTICIPATING IN ATHLETICS.

FLEXIBILITY

NECK & BACK.....☐ NML ☐ ABNMLUE.....☐ NML ☐ ABNMLLE.....☐ NML ☐ ABNML

NOTES/FINDINGS: _____

ORTHOPEDIC EXAM

NECK.....☐ NML ☐ ABNML
 BACK.....☐ NML ☐ ABNML
 SHOULDER/ARM.....☐ NML ☐ ABNML

ELBOW/FOREARM ..☐ NML ☐ ABNML
 WRIST/HAND.....☐ NML ☐ ABNML
 HIP.....☐ NML ☐ ABNML

KNEE.....☐ NML ☐ ABNML
 LEG/ANKLE.....☐ NML ☐ ABNML
 FOOT.....☐ NML ☐ ABNML

NOTES/FINDINGS: _____