

SPORTS PHYSICAL EXAMINATION FORM

Height	Weight	BP	P	T	R
Visual Acuity: R 20/ L 20/			Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No		Pupils
System	Normal	Abnormal			
Cardiopulmonary					
Pulses					
Heart					
Lungs					
Skin					
Abdominal					
Genitalia					
Musculoskeletal					
Neck					
Shoulder					
Elbow					
Wrist					
Hand					
Back					
Knee					
Ankle					
Foot					

CLEARANCE / RECOMMENDATIONS

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:

Baseball Cross Country Golf Softball

Wrestling Basketball Football Soccer

Volleyball

Not cleared for other school-sponsored activities: (*ie: swimming, etc*)

1. _____ 2. _____

3. _____ 4. _____

_____ D. Student is *NOT* permitted to participate in high school athletics.

Reason: _____

Recommendation: _____

Examiner's Signature: _____ Date: _____

Address: _____ Phone: (____) _____ - _____