

PART III - PHYSICAL EXAMINATION
(To be completed and signed by examining physician)

NAME _____ SCHOOL _____

HEIGHT _____ WEIGHT _____ SEX _____ AGE _____ GRADE _____

*Tanner Stage or Maturation Index _____

BP _____

*Pulse (rest) _____

*Vision: Corrected (L) _____ (R) _____ Both _____

Uncorrected (L) _____ (R) _____ Both _____

*Audiogram: _____

Cervical spine/neck _____

Back _____

Eyes _____

Shoulders _____

Ears _____

Arm/elbow/wrist/hand _____

Nose _____

Knees/hips _____

Throat _____

Ankles/feet _____

Teeth _____

Skin _____

Lab: _____

Lymphatic _____

*Urine _____

Lungs _____

*Hemoglobin or HCT _____

Heart _____

and/or Fe Stores _____

Abdomen _____

Genitalia/hernia _____

Peripheral pulses _____

***WHEN MEDICALLY INDICATED**

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

_____ Full Participation
_____ No Participation

_____ Limited Participation
_____ Needs Additional Evaluation

If not full participation give reasons & recommendations: _____

Any recommendations or concerns on such items as:

- a. Weight loss or gain or restrictions of weight loss: _____
- b. Slow and careful monitoring of conditioning because of being overweight or show an abnormal exercise testing: _____

c. Other _____

Physician Signature _____ M.D.* Date _____

*Doctor of Medicine, Doctor of Osteopathy or Licensed Nurse Practitioner

Physician Name (print) _____

Address _____

City/Zip Code _____

Telephone Number _____