

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Tanner Stage or Maturation Index? (males only): _____ BP: _____
 *Percent Body Fat: _____ Pulse: *(rest) _____
 *Audiogram _____ *(Exercise) _____
 * Vision: Corrected: (L) _____ (R) _____ (Both) _____ *(Recovery) _____
 Uncorrected (L) _____ (R) _____ (Both) _____ *FEV or Peak Flow (rest) _____
 *(Exercise) _____
 *(Recovery) _____

	N	Abnormal		N	Abnormal
Eyes			Cervical Spine/neck		
Ears			Back		
Nose			Shoulders		
Throat			Arm/elbow/wrist/hand		
Teeth			Knees/hips		
Skin			Ankle/feet		
Lymphatic			Marfan Screen		
Lungs			*Urine		
Heart			*Hemoglobin or HCT and or Iron stores		
Peripheral pulses			^ Echocardiogram		
Abdomen			^ Neuropsych Testing		
Genitalia/hernia (male only)			^ Pelvic Examination		

***WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

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

- CLEARED WITHOUT RESTRICTIONS**
- Cleared **AFTER** further evaluation or treatment for: _____
- Cleared for **Limited participation** (check and explain "reason" for all that apply):
 - Not cleared for (specific sports): _____
 - Cleared only for (specific sports): _____
 - Reason(s): _____
- NOT CLEARED FOR PARTICIPATION:** _____
- Reason(s): _____
- Other Recommendations: _____
 - Recommend monitoring during early conditioning because of weight/fitness/other
 - Recommend restrictions or monitoring of weight loss or gain
 - Other: Reasons: _____

MD/DO, PA, NP, DE-SPC#, Signature: _____

Date of Examination: _____ Date Signed: _____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print):

Address: _____

City _____ State _____ Zip _____