

**PHYSICAL EXAMINATION FORM**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ T \_\_\_\_\_ Pulse \_\_\_\_\_ R \_\_\_\_\_

Visual Acuity R 20 / \_\_\_\_\_ L 20 / \_\_\_\_\_ Corrected: Y N Pupils \_\_\_\_\_

	Normal	Abnormal
Ears, Nose, Throat	_____	_____
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                  Wrestling                  Golf                  Softball  
Track                      Cross Country              Basketball              Football  
Soccer                      Tennis                      Volleyball
- \_\_\_\_\_ D. Student is **NOT** permitted to participate in high school athletics.  
Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation: \_\_\_\_\_  
\_\_\_\_\_

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(This Physical form must be signed by a licensed physician, physician assistant or nurse practitioner)*

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_