Student's Name	Sex _	Age	Date of Birth	
Height Weight	% Body fat (optional)	Pulse	BP / (/	
Height Weight	(- F		brachial blood	pressure while sitting
Vision R 20/ L 20/	Corrected:	JY 🗖 N	Pupils: 🗖 Equal 🗖	1 Unequal
As a minimum requirement, this Plagain prior to first and third years of questions on the student's MEDICAL exam.	of high school athletic parti	cipation. It must b	e completed if there are yes an	swers to specific
MEDICAL	NORMAL	ABNORMA	AL FINDINGS	INITIALS*
Appearance				.
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Heart-Auscultation of the heart in				
the supine position.				
Heart-Auscultation of the heart in				
the standing position.				
Heart-Lower extremity pulses				
Pulses				
Lungs				
Abdomen		•••		
Genitalia (males only)				
Skin				
Marfan's stigmata (arachnodactyly,				
pectus excavatum, joint				
hypermobility, scoliosis)				
MUSCULOSKELETAL	т т			
Neck				
Back Shoulder/Arm				
Elbow/Forearm				
Wrist/Hand	+			
Hip/Thigh				
Knee				
Leg/Ankle				 -
Foot				
1000				
*station-based examination only				
CLEARANCE				
☐ Cleared				
_	at a gradu at A			
☐ Cleared after completing evalua	tion/renabilitation for:			•
☐ Not cleared for:				
Recommendations:				
The following information must be fi			-	*
Physician Assistant Examiners, a Re	gistered Nurse recognized a	is an Advanced Prai	ctice Nurse by the Board of Nur	se Examiners,
or a Doctor of Chiropractic. Exami	nation forms signed by any	other health care pr	actitioner, will not be accepted.	
Name (print/type)			Examination:	

Address:				
Phone Number:				VIII.
Signature:				

Must be completed before a student participates in any practice, before, during or after school. (both in-season and out-of-season) or games/matches.