EXAMINATION

PATIENT'S NAME: _____

*1. BP _____ WT _____ HT _____ Vision (R) _____ (L) _____

*2. Cardiovascular Exam ___ Normal ___ Abnormal Comments:

Murmur ___ Yes ___ No Describe:

*3 Musculoskeletal Exam Record laxity, weakness, instability, decreased ROM-if abnormal

Knee ___ Normal ___ Abnormal

Ankle ___ Normal ___ Abnormal

Shoulder ___ Normal ___ Abnormal

(Other Orthopedic ___ Normal ___ Abnormal

Problems, e.g. neck, feet, scoliosis)

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4. Optional Exam-should be done if history is positive. Comments:

ENT ___ Normal ___ Abnormal

Chest ___ Normal ___ Abnormal

Abdomen ___ Normal ___ Abnormal

Genitalia ___ Normal ___ Abnormal

Skin ___ Normal ___ Abnormal

* ASSESSMENT: 5.A. ___ No problems identified 5.B. Other

* RECOMMENDATIONS: 6.A. ___ Unlimited B. ___ Limited to specific sports C. ___ Deferred until:(e.g., rehab., recheck, consultation, lab, etc.)

* REEXAMINE: 7.A. ___ Yearly and after any injury that limits participation for greater than one week. B.___ Other:

REQUIRED ELEMENTS ARE IN ASTERISK

I certify that I have examined the above student and that such examination revealed (_ conditions ___ no conditions) that would prevent this student from participation in interscholastic sports.

Are you licensed to practice medicine in the United States _ Yes ___ No

Signature _____ Phone Number _____

Address _____ Date _____

If student not qualified, list reasons for disqualification: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence or one kidney, eye, testicle or ovary, etc.)