



Physical Examination Form for P.E. and Athletics Participation

Required for all students in grades 5-8

Student's Name _____ Sex _____ Age _____ Grade _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP _____ Sport _____

(Brachial BP while sitting)

As a minimum requirement, this Physical Examination Form must be completed prior to the first day of P.E. class or athletic practice, whichever comes first.

Medical	Normal	Abnormal Findings	Physician Initials
Appearance			
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			
Musculoskeletal	Normal	Abnormal Findings	Physician Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

Have you ever had a concussion? Yes ___ No ___ If yes, please provide date(s). _____

Clearance:

Cleared Not Cleared Reason: _____

Recommendations: _____

Doctor Name (print or type): _____ Date of Exam: _____

Address: _____

Phone Number: _____ Fax Number: _____

Physician Signature (must be other than parent) _____

Must be completed before a student participates in any practice, game/match or P.E. class before, during or after school.