

**Widefield School District 3
Physical Examination Form**

Student Name: _____ **Date of Birth:** _____
 (First Name) (Last Name) (mm/dd/yyyy)

Height _____ **Weight** _____ **Pulse** _____ **BP** _____ / _____ (/ , /)

Vision **R20/** _____ **L20/** _____ **Corrected:** Yes No **Pupils: Equal** Unequal

	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

Medical Determination

Cleared for sports participation

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ **Reason:** _____

Recommendations: _____

Comments: _____

Name of Physician (Print/Type) _____ **Phone:** _____

Physician's Address: _____

Signature of Physician, M.D. or D.O. _____ **Date:** _____