



Snoqualmie Middle School Sports Physical

TO BE COMPLETED BY PHYSICIAN

To participate in middle school sports, all students must be cleared by a medical professional licensed to perform medical examinations. Sports physicals expire after two years. All 6th graders must have their physical exam after June 1st in the year they enter middle school.

Please keep this original form to upload when you register your student for a sport.

ATHLETE'S FULL NAME: _____

BIRTHDATE: _____ **EXAM DATE:** _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ / _____

Vision: R 20/ _____ L 20/ _____ Corrected? Y N Pupils: Equal / Unequal

Normal:

- | | |
|--|--|
| <input type="checkbox"/> Appearance _____ | <input type="checkbox"/> Neck _____ |
| <input type="checkbox"/> Eyes/ears/nose/throat _____ | <input type="checkbox"/> Back _____ |
| <input type="checkbox"/> Lymph nodes _____ | <input type="checkbox"/> Shoulder/arm _____ |
| <input type="checkbox"/> Heart _____ | <input type="checkbox"/> Elbow/forearm _____ |
| <input type="checkbox"/> Pulses _____ | <input type="checkbox"/> Wrist/hand _____ |
| <input type="checkbox"/> Lungs _____ | <input type="checkbox"/> Hip/thigh _____ |
| <input type="checkbox"/> Abdomen _____ | <input type="checkbox"/> Knee _____ |
| <input type="checkbox"/> Physical maturity _____ | <input type="checkbox"/> Leg/ankle _____ |
| <input type="checkbox"/> Skin _____ | <input type="checkbox"/> Foot _____ |
| | <input type="checkbox"/> Neurological _____ |

___ **Cleared for all sports**

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

___ **Cleared only after completing evaluation/rehab for:** _____

Additional recommendations: _____

Physician: (print name) _____ **Phone:** _____

Physician address: _____

City: _____ **State:** _____ **Zip:** _____

Physician signature: _____

Wrestling only: Physician recommends student should not be allowed to wrestle any weight class less than the circled classification:

54-78 70-85 90 95 100 110 115 120 125 130 137 145 154 164 175 250