# Mount Si High School Physical Examination

## TO BE COMPLETED BY HEALTH CARE PROVIDER

**ATHLETE'S FULL NAME:** _____

**YEAR GRADUATING**: _____

Height: ____ Weight: _____ Pulse: _____ BP: ___/___ % Body fat(optional): ____

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

Normal

| | | | | | |
|---|---|---|---|---|---|
| [ ] | Appearance | _____ | [ ] | Neck | _____ |
| [ ] | Eyes/Ears/Nose/Throat | _____ | [ ] | Back | _____ |
| [ ] | Lymph Nodes | _____ | [ ] | Shoulder/arm | _____ |
| [ ] | Heart | _____ | [ ] | Elbow/forearm | _____ |
| [ ] | Pulses | _____ | [ ] | Wrist/hand | _____ |
| [ ] | Lungs | _____ | [ ] | Hip/Thigh | _____ |
| [ ] | Abdomen | _____ | [ ] | Knee | _____ |
| [ ] | Physical Maturity | _____ | [ ] | Leg/ankle | _____ |
| [ ] | Skin | _____ | [ ] | Foot | _____ |
| [ ] | Neurological | _____ | | | |

___ Cleared for all Sports and Activities

_ __ Not Cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Licensed Health Care Provider: _____ Phone:_____

**Licensed Health Care Provider Signature:** _____ **Date:**_____

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Updated: 2023