

Pacific Ridge School Annual Physical Examination Form

(To be completed by a licensed healthcare provider)

Student Information

Full Name: _____ Date of Birth: _____

Vital Signs

Height	Weight	Blood Pressure	Pulse
_____	_____	_____	_____

Physical Examination

Area Examined	Normal	Abnormal	Unexamined	Comments
Skin	☐	☐	☐	
Head	☐	☐	☐	
Eyes (PERRLA, EOMI, Fundi)	☐	☐	☐	
Ears (hearing), Nose, Throat	☐	☐	☐	
Lymphatic	☐	☐	☐	
Respiratory	☐	☐	☐	
Heart (Murmurs)	☐	☐	☐	
Abdomen	☐	☐	☐	
Neurological / Concussion Hx	☐	☐	☐	
Marfan Stigmata	☐	☐	☐	
Neck and Spine	☐	☐	☐	
Back	☐	☐	☐	
Shoulder, Forearm	☐	☐	☐	
Elbows / Wrists / Hands	☐	☐	☐	
Hip, Thigh	☐	☐	☐	
Knees	☐	☐	☐	
Lower Legs / Ankles / Feet	☐	☐	☐	

Athletics Participation Clearance

This student has been evaluated or treated before athletic participation and is:

☐ Cleared without restriction

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Date of Annual Physical Exam

_____ (Physicals are valid for one year from this date.)

Healthcare Provider Information

Physician Name (PRINT): _____

Physician License Number: _____

Physician Signature: _____ Date: _____