

**Doctor's Form**

To be completed by the family physician and kept on file at the school of attendance.

- A) Upon entering school for the first time.
- B) At grade seven
- C) At least once in grades nine through twelve.
- D) When required by the local conference board of education

Name: \_\_\_\_\_ Pulse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ BP: \_\_\_\_ / \_\_\_\_ ( \_\_\_\_ , \_\_\_\_ / \_\_\_\_ )

Age: \_\_\_\_\_ Vision: R20/\_\_\_\_ L20/\_\_\_\_

Sex: \_\_\_\_\_ Pupil: Equal Unequal

Height: \_\_\_\_\_ Corrected: Yes No

Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_

	Normal	Explain Abnormalities	Initials *
<b>Medical</b>			
Appearance			
Eye/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulse			
Lungs			
Abdomen			
Genitourinary			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\*Multi-examiner set-up only.

**Doctor's Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Consider additional questions on more sensitive issues.

- Do you feel stressed or under a lot of pressure? \_\_\_\_\_
- Do you ever feel sad, hopeless, depressed, or anxious? \_\_\_\_\_
- Do you feel safe at your home or residence? \_\_\_\_\_
- Do you drink alcohol or use any other drugs? \_\_\_\_\_

Notes: \_\_\_\_\_

Cleared Without Restriction

Sports Physical can be found at

Not Cleared For:  All Sports  Certain Sports Reason: \_\_\_\_\_

Recommendations:

Name of Physician (Print/Type): \_\_\_\_\_ Exam Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I have examined the above-named student and completed the physical examination. The student does not present apparent clinical contraindications to practice and participate in sports. A copy of the physical exam is on record in office and can be made available to the school at the request of the parents.

Signature of Physician/s: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature of Physician/s: \_\_\_\_\_ Date: \_\_\_\_\_

\*Multi-examiner set-up only.