

ST. MARY'S CATHOLIC SCHOOL				ATHLETIC PHYSICAL EXAMINATION			
Student's Name: _____		Sex: _____	Age: _____	Date of Birth: _____			
Height: _____		Weight: _____	Pulse: _____	BP _____/_____/_____ brachial blood pressure while sitting			
Vision R 20/____ L 20/____		Corrected: Y N	Pupils: Equal _____ Unequal _____				
	NORMAL	ABNORMAL FINDINGS				INITIALS*	
MEDICAL							
Appearance							
Eyes/Ears/Nose/Throat							
Lymph Nodes							
Heart-Auscultation of the heart in the supine position.							
Heart-Auscultation of the heart in the standing position.							
Heart-Lower extremity pulses							
Pulses							
Lungs							
Abdomen							
Genitalia (males only)							
Skin							
Marfan's stigmata (arachnodactyly, petus excavatum, joint hypermobility, scoliosis)							
MUSCULOSKELETAL							
Neck							
Back							
Shoulder/Arm							
Elbow/Forearm							
Wrist/Hand							
Hip/Thigh							
Knee							
Leg/Ankle							
Foot							
*station-based examination only							
CLEARANCE							
<input type="checkbox"/>		Cleared					
<input type="checkbox"/>		Cleared after completing evaluation/rehabilitation for:					
<input type="checkbox"/>		Not Cleared for:				Reason:	
Recommendations:							
The following information must be filled in and signed by either a Physician or a Physician Assistant licensed by a State Board of Physician Assistant Examiners. Examination forms signed by any other health care practitioner will not be accepted							
Name (print/type) _____				Date of Examination: _____			
Address: _____							
Phone Number: _____							
Signature: _____							
THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.							