

**STUDENT'S ANNUAL PHYSICAL EXAM**

This exam must be completed by a physician and dated between **April 1, 2019 and August 31, 2019 and uploaded into the SchoolDoc website no later than September 1, 2019.**

**ALL STUDENT ATHLETES MUST HAVE A PHYSICAL ON FILE BEFORE BEGINNING PRACTICE.**

**ALL NEW Students MUST have a Current 3231 Immunization Form Completed. Current Students, please complete an updated form if a New Booster Immunization is received.**

**STUDENT'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**VITAL SIGN/STATISTICS**

_____ Height	_____ Resting Pulse
_____ Weight	_____ Pulse (immediately post exercise)
_____ B/P (resting)	_____ Pulse (after brief rest period)

**REVIEW OF SYSTEMS**

**Head/Neck:** \_\_\_\_\_ **Spine:** \_\_\_\_\_  
**Lungs:** \_\_\_\_\_ **Extremities:** \_\_\_\_\_  
**Heart/Murmurs:** \_\_\_\_\_ **Other:** \_\_\_\_\_  
**Abdomen/Hernia:** \_\_\_\_\_

The physical examination was completed and the student was found to be free of communicable diseases. YES or NO

The student was checked for scoliosis, scapula prominence and shoulder tilt. YES or NO

The student's vision and hearing are normal. YES or NO

The student may fully participate in physical education and in all athletic activities. YES or NO

**Student's General Condition: (check one)** \_\_\_\_\_Excellent \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor

**PHYSICAL EDUCATION & EXTRACURRICULAR ATHLETICS**

\_\_\_\_\_ Student is cleared for **full participation** in physical education and all athletics.

\_\_\_\_\_ Student is **not cleared** for full participation in physical education and all athletics. Explain limitation / exemption: \_\_\_\_\_

\_\_\_\_\_ Student is cleared to participate in physical education and all athletics **after completing evaluation /rehabilitation** for: \_\_\_\_\_

**Date of Exam:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Physician's Stamp:**

**Phone #:** (\_\_\_\_) \_\_\_\_\_  
**Fax #:** (\_\_\_\_) \_\_\_\_\_