

STUDENT'S ANNUAL PHYSICAL EXAM

This exam must be completed by a physician and dated between **April 1, 2023 and August 1, 2023** and uploaded into the **SchoolDoc website no later than the first day of school.**

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 #: (____) _____