

PART III -- PHYSICAL EXAMINATION

(To be completed and signed by examining physician)

NAME: _____ SCHOOL _____

HEIGHT _____ WEIGHT _____ SEX _____ AGE _____

*Tanner Stage or Maturation Index _____ BP _____

*Percent Body Fat _____ *Pulse (rest) _____

(Exercise) _____

(Recovery) _____

*Vision: Corrected (L) _____ (R) _____ Both _____

Uncorrected (L) _____ (R) _____ Both _____

*Audiogram: _____ Cervical spine/neck _____

Back _____

Eyes _____ Shoulders _____

Ears _____ Arm/elbow/wrist/hand _____

Nose _____ Knees/hips _____

Throat _____ Ankles/feet _____

Teeth _____

Skin _____

Lab:

Lymphatic _____ *Urine _____

Lungs _____ *Hemoglobin or HCT _____

Heart _____ and/or Fe Stores _____

Abdomen _____

Genitalia/hernia

Peripheral pulses _____ *WHEN MEDICALLY INDICATED

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- _____ Full Participation
- _____ Limited Participation
- _____ No Participation
- _____ Needs Additional Evaluation

If not full participation give reasons & recommendations: _____

Any recommendations or concerns on such items as:

- a. Weight loss or gain or restrictions of weight loss: _____
- b. Slow and careful monitoring of conditioning because of being overweight or show an abnormal exercise testing: _____
- c. Other _____

Physician Signature _____, M.D.* Date _____

*Doctor of Medicine, Doctor of Osteopathy or Licensed Nurse Practitioner

Physician Name (print) _____

Address _____

City/Zip Code _____

Telephone Number _____