

PART 2 - MEDICAL EVALUATION OF STUDENT FOR PARTICIPATION IN INTERSCHOOL SPORTS
(To be completed by a physician or under his supervision)

Name of Student _____ Grade _____
Last First Middle initial

Significant past illnesses or injuries _____

PHYSICIAN'S EXAMINATION: (Circle and explain abnormal findings)

Height _____ Weight _____ Blood Pressure _____ Pulse Rate _____
 Eyes _____ Visual Acuity R ____/____: L ____/____
 Ears _____ Hearing R ____/____: L ____/____
 Nose (deformities) _____ Oropharynx _____
 Teeth (cavities, dentures, braces) _____ Respiratory _____
 Breasts (M&F) _____ Cardiovascular (pedal pulses) _____
 Abdomen (hernia, spleen, liver) _____ Genitalia and anus _____
 Neuromuscular _____ Skin _____
 Spine (cervical, thoracic, lumbar) _____

Laboratory:

Urinalysis: Protein _____
 Sugar _____
 Other _____
 * Tuberculin Test _____
OR
 * Chest X-ray (Result/Date) _____
 * Other laboratory Tests _____
 * If ordered by physician

Extremities (special attention to knees, ankles) _____

Additional explanations of abnormal findings: _____

I have on this date personally examined this pupil, reviewed the history and other data recorded on both sides of this form, and find this pupil physically able to compete in supervised activities listed below which are NOT CROSSED OUT:

- | | | |
|---------------|------------|--|
| Baseball | Golf | Swimming |
| Basketball | Gymnastics | Tennis |
| Cross Country | Lacrosse | Track |
| Field Hockey | Soccer | Volleyball |
| Football | Softball | Wrestling (minimum weight for wrestling) _____ |
| | | Other _____ |

_____, M.D. Physician's signature
 _____ Physician's Address
 _____ Physician's Telephone

_____, M.D. Physician's Name Typed / Printed
 _____ Date of Examination