Signature of athlete:_____ Signature of parent/guardian: _____Date:_____

SPORTS PHYSICAL SCHOOL FORM

I grant permission to release the information below to School Personnel.

Signature of Parent/Guardian: _____

NAME: _____ **Date of Birth:** _____**Student ID:** _____

Sports: _____ **School:** _____**Grade:** _____

Emergency Contact: _____**Cell Phone:** _____**Home Phone:** _____

ALLERGIES: _____ **MEDICATIONS:** _____

Date of Exam: _____ **Height:** _____ **Weight:** _____ **BMI:** _____ **Pulse:** _____ **BP:** _____/_____

HEARING: ☐ **Passed Right/Left ≤25dcbls (all frequencies)** ☐ **Failed**_____ ☐ **Not Done**

Vision: R 20/___ L 20/___ Both 20/___ Corrected: ☐ **Y** ☐ **N**

U/A: ☐ **Normal** _____

REQUIRED IMMUNIZATIONS: Measles, Mumps, Rubella, Hepatitis B, Polio, Tetanus, Pertussis, and Varicella/illness.

☐ **Up to date (See Attached Vaccine Documentation)** ☐ **Not up to date, Vaccines Needed:** _____

☐ **Baseline Concussion Assessment**

MEDICAL:	NORMAL	ABNORMAL FINDINGS
General Appearance		
Head eyes/ears/nose/throat		
Neck		
Respiratory		
Heart		
Pulses		
Abdomen		
Skin		
Neuro		
Lymph Nodes		
Genitourinary (males only)		

MUSCULOSKELETAL:	NORMAL	ABNORMAL FINDINGS
Back (including scoliosis screen)		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Assessment/Plan: _____ **OFFICE STAMP:**

☐ **Cleared for all sports without restrictions**

☐ **Not Cleared for:** ☐ **All sports** ☐ **Certain sports:**_____

Reason:_____

☐ **Deferred requires further evaluation (See Recommendations Below):**

☐ **Cleared with restrictions (See Recommendations Below):**

Recommendations: _____

Name of Physician (print):_____ **Address:** _____ **Phone:** _____

Signature of Physician:_____**, M.D., D.O., or N.P. Date:**_____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine. Rev. March 2012