

2008-09 Athletic Participation Physical Examination Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_

**Special Information**

Major Injuries (especially recent orthopedic) \_\_\_\_\_

Referral \_\_\_\_\_

Major Illnesses \_\_\_\_\_

Protective Equipment (beyond that required by sport) \_\_\_\_\_

**Medical Examination**

Area	Normal	Problem
Blood		
Urinalysis		
Dental		
Eyes		
Ears, Nose, Throat		
Lymphatics		
Lungs		
Heart		
Abdomen		
Neurologic Exam		
Flexibility		
Neck/Shoulder		
Elbows		
Back		
Knees		
Ankles/Feet		

Additional Comments \_\_\_\_\_

**Review by Physician**

- Full, unlimited participation
  - Limited participation
- Limitations \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_