

NATRONA COUNTY SCHOOL DISTRICT SCHOOL PHYSICAL EXAM FORM

PHYSICIAN'S STATEMENT MUST BE DATED AFTER MAY 1 TO BE VALID FOR THE UPCOMING SCHOOL YEAR

RED Areas Are to Be Completed by Parent and Student Prior to Physical Examination

STUDENT INFORMATION

School: _____ **Date of Exam:** _____
Name: _____ **Date of Birth:** _____

Grade: _____ **Gender:** Male Female

SPECIFIC SPORT YOU WILL BE PARTICIPATING: **Fall:** _____ **Winter:** _____ **Spring:** _____

Height: _____ **Weight:** _____ **% Body Fat (opt.):** _____ **Pulse:** _____ **BP:** _____
Vision: R 20/____ L 20/____ **Corrected:** Yes No **Pupils:** Equal _____ Unequal _____

MEDICAL	NORMAL*	ABNORMAL FINDINGS
Appearance	_____	_____
Eyes/Ears/Nose/Throat	_____	_____
Lymph Nodes	_____	_____
Heart	_____	_____
Pulses	_____	_____
Lungs	_____	_____
Abdomen	_____	_____
Genitalia (males only)	_____	_____
Skin	_____	_____

MUSCULOSKELETAL	NORMAL *	ABNORMAL FINDINGS
Neck	_____	_____
Back	_____	_____
Shoulder/Arm	_____	_____
Elbow/Forearm	_____	_____
Wrist/Hand	_____	_____
Hip/Thigh	_____	_____
Knee	_____	_____
Leg/Ankle	_____	_____
Foot	_____	_____

*Normal by check (✓) or No

Cleared

*Cleared after completing evaluation/rehabilitation for: _____

Not cleared for : _____
Reason: _____
Recommendations: _____

Physician's Name (print/type): _____ **Date:** _____

Address: _____ **Phone:** _____

Signature of Physician: _____ MD DO

