

HIGH SCHOOL ATHLETES: THIS FORM MUST BE ON FILE PRIOR TO ANY PARTICIPATION IN SPORTS

PHYSICAL EXAMINATION

Name _____

Please place a check next to each sport this athlete will be playing this year at Castilleja:

- Water Polo Volleyball Cross Country Tennis Golf Basketball Soccer
- Softball Track Lacrosse Swimming

Height _____ Weight _____ Pulse _____ Blood Pressure _____/_____

	NORMAL	ABNORMAL FINDINGS
MEDICAL		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand		
Hip/thigh		
Knee		
Leg/ankle		
Foot		

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for:

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Address: _____ Phone _____

Signature of physician _____, MD