

John Stark Generals

PHYSICAL EXAMINATION CLEARANCE FORM

Team: _____ Grade: _____

NOTE: Physical examination clearance forms must be turned into the Athletic Director prior to start of tryouts.

NAME:		MALE	FEMALE
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE NUMBER:	BIRTH DATE :	AGE	

The following section must be filled in by an authorized medical practitioner and authenticated by the same:

SIGNIFICANT MEDICAL CONDITIONS			
	YES	NO	IF YES, EXPLAIN
ALLERGIES			
ASTHMA			
CARDIAC			
CHEMICAL DEPENDENCY			
DRUGS			
ALCOHOL			
DIABETES MELLITUS			
GASTROINTESTINAL DISORDER			
HEARING DISORDER			
HYPERTENSION			
NEUROMUSCULAR DISORDER			
ORTHOPEDIC CONDITION			
RESPIRATORY ILLNESS			
SEIZURE DISORDER			
SKIN DISORDER			
VISION DISORDER			
OTHER(SPECIFY)			

REPORT OF PHYSICAL EXAMINATION			
	NORMAL	ABNORMAL	IF ABNORMAL, EXPLAIN
HEIGHT(Inches)			
WEIGHT(Pounds)			
PULSE()			
BLOOD PRESSURE _____ / _____			
HAIR/SCALP			
SKIN			
EYES- VISUAL ACUITY R _____ / _____ L _____ / _____			
EYES- COLOR VISION			
EARS-HEARING			
NOSE AND THROAT			
TEETH AND GINGIVA			
LYMPH GLANDS			
HEART – MURMUR			
LUNG-ADVENTIOUS			
ABDOMEN			
GENITALIA			
NEUROMUSCULAR SYSTEM			
EXTREMITIES			
SPINE (PRESENCE OF SCOLIOSIS)			
IMMUNIZATIONS (UP TO DATE)	YES	NO	

DATE OF EXAMINATION : _____	Cleared to play all sports _____	Non-Contact Only _____
SIGNATURE OF EXAMINER: _____		
Name of Practice: _____		
Address: _____		
Phone Number: _____		
PLEASE RETURN THIS FORM TO THE ATHLETIC DIRECTOR PRIOR TO TRYOUTS		