



Student Name						Date	
Height		Weight		Blood Pressure		Pulse	
Gross Vision	R	L		Urine		Respiration	
General Exam	Satisfactory	Unsatisfactory		Flexibility	R	L	

Vision		Hand/Wrist/Elbow	
Hearing		Neck	
Heart		Back	
Lungs/Resp. Tract		Neurological	
Skin		Groin	
Hernia/Genitalia		Quads	
Liver/Spleen/Kidney		Hamstrings	
Musculoskeletal		Calf	
Ankles		Shoulders	
Knees		Elbows	
Hips		Back Flex./Exten.	
Shoulders			

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, certify that this student athlete has been examined by me on this date, \_\_\_\_\_, and is found to be able to participate in sports activities cleared below.

Circle one:

- A. Cleared for full (name of sports) \_\_\_\_\_ participation
- B. Cleared pending re-exam of (specify) \_\_\_\_\_
- C. Cleared for restricted participation (specify) \_\_\_\_\_
- D. Denied clearance (specify) \_\_\_\_\_

Physician Signature		Date	
Office Address		Phone	

I \_\_\_\_\_, am the **parent/guardian** of the student herein, and hereby certify that I have reviewed this Medical History form. I am aware of the physical limitations described therein, if any. I acknowledge and approve of the student's participation in the following sport(s)/activities \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature		Date	
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