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**ARLINGTON CLASSICS ACADEMY**

**2016 – 2017**

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Rev. 4/10

Student’s Name Sex Age

Entering Grade Date of Birth

Height Weight Pulse BP / ( / \_, / \_)

Vision R20/

L20/

Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to athletic participation. It must be completed if there are yes answers to specific questions on the student’s Medical History Form.

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL** | **NORMAL** | **ABNORMAL FINDINGS** | **INITIALS** |
| Appearance |  |  |  |
| Eyes/Ears/Nose/Throat |  |  |  |
| Lymph Nodes |  |  |  |
| Heart-Auscultation of the heart in the supineposition. |  |  |  |
| Heart-Auscultation of the heart in the standingposition. |  |  |  |
| Heart-Lower extremity pulses |  |  |  |
| Pulses |  |  |  |
| Lungs |  |  |  |
| Abdomen |  |  |  |
| Genitalia (males only) |  |  |  |
| Skin |  |  |  |
| Marfan’s stigmata (arachnodactyly, pectusexcavatum, joint hypermobility, scoliosis) |  |  |  |
| **MUSCULOSKELETAL** | **NORMAL** | **ABNORMAL FINDINGS** | **INITIALS** |
| Neck |  |  |  |
| Back/Spinal Screen |  |  |  |
| 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:

*\The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.*

Printed Name: Address: Signature:

Date of Examination: Phone Number:

Must be completed before a student participates in any practice or games/matches.