

STUDENT NAME:

GRADE:

PHYSICIAN CLEARANCE FORM

ARCHBISHOP MITTY HIGH SCHOOL DEPARTMENT OF ATHLETICS

PHYSICAL EXAMINATION

(To be completed by a Medical Professional)

Height: _____	Weight: _____	Pulse: _____	Blood Pressure: _____ / _____
---------------	---------------	--------------	-------------------------------

Visual Acuity: R 20/ _____ Corrected: Y / N	L 20/ _____	Pupils: Equal / Unequal (R > L or L > R)
--	-------------	--

MUSCULOSKELETAL EXAM		NORMAL	ABNORMAL FINDINGS	INITIALS
Neck	Rom			
	Strength			
	Joint Stability			
Shoulders	Rom			
	Strength			
	Joint Stability			
Elbows	Rom			
	Strength			
	Joint Stability			
Forearms/Wrists	Rom			
	Strength			
	Joint Stability			
Hands/Fingers	Rom			
	Strength			
	Joint Stability			
Back	Rom			
	Strength			
	Joint Stability			
Hips/ Thighs	Rom			
	Strength			
	Joint Stability			
Knees	Rom			
	Strength			
	Joint Stability			
Lower Leg/Ankles	Rom			
	Strength			
	Joint Stability			
Feet/ Toes	Appearance			

MEDICAL SCREEN		NORMAL	ABNORMAL FINDINGS
Appearance			
Eyes, Ears, Nose, Throat			
Lungs			
Heart - Rhythm: Regular	Irregular		
Murmur: No	Yes		
Abdomen			
Skin			

ATHLETIC CLEARANCE:

- Cleared without restrictions
- Cleared with recommendations for further evaluation/treatment for: _____
- Participation limited to specific sport (**See comments below)
- No athletic participation (**See comments below)

** Comments/ Recommendations: _____

<p>I hereby certify that I have, on this date, examined this student and that on the basis of this examination and the student's medical history as furnished to me, found no reason which would make it medically inadvisable for this student to compete in athletics, except for those indicated above.</p> <p>Physician's Name (Print): _____</p> <p>Physician's Signature: _____ Date: _____</p>	<p>Use space provided below for medical office address</p>
---	--