

STUDENT NAME: _____ GRADE (21-22): _____ SCHOOL: _____ ID#: _____

21-22 PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Sex ____ Age _____ Date of Birth _____ Height _____ Weight _____ % Body fat (optional) _____ Pulse _____
 BP ____/____ (____/____, ____/____) brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. ***Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	*INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE (The medical provider must check a box)

- 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.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____ Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/ games/matches.

Please return to georgetownisd.rankonesport.com to submit the completed physical online.

IF YOU ARE EXPERIENCING ANY DIFFICULTIES SUBMITTING THE PHYSICAL FORM ONLINE, PLEASE SUBMIT THE FORM TO THE FOLLOWING:
 EVHS/TMS/WMS STUDENTS EMAIL COMPLETED PHYSICAL TO EVHSTRainers@Georgetownisd.org
 GHS/BMS/FMS STUDENTS EMAIL COMPLETED PHYSICAL TO GHSTRainers@Georgetownisd.org