



## SPORTS EXAMINATION FORM

Date of Examination: \_\_\_\_\_ Student's Name: \_\_\_\_\_

School:  Attea  Springman Grade: 6 7 8

Allergies: \_\_\_\_\_ Epipen carried?  Yes  No

Daily Medication(s): \_\_\_\_\_

General Appearance: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Blood Pressure: \_\_\_\_\_ mmHg Respirations: \_\_\_\_\_ per min.

Pulse: \_\_\_\_\_ After 20 Hops: \_\_\_\_\_ After 2 Minutes Rest: \_\_\_\_\_

NECK: Cervical Nodes: \_\_\_\_\_ Trachea: \_\_\_\_\_ Thyroid: \_\_\_\_\_

CHEST: Percussion: \_\_\_\_\_ Auscultation: \_\_\_\_\_

HEART: Rhythm: \_\_\_\_\_ Murmurs: \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

HERNIA: \_\_\_\_\_

KNEES: \_\_\_\_\_

FEET: \_\_\_\_\_

*On the basis of the examination today, I approve this student's participation in physical education class and/or interscholastic sports.*

Limitations: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_