\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S NAME (Please Print) Date of Birth

**PHYSICAL EXAMINATION** WPMS Middle School Sports Program

To be completed by medical personnel \*

Height: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_ BP: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ Pulse: \_\_\_\_\_\_\_\_

Vision (optional) Left eye: 20/\_\_\_\_\_\_ Right eye: 20/\_\_\_\_\_\_

**KEY:** ✓ = WNL X = Item omitted • = see “Notes” below

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  1. | Skin |  |  | 11. | Extremities |  |
|  2. | Head |  |  | 12. | Neurological |  |
|  3. | Eyes (PERL, EOMI, Fundi) |  |  | 13. | Orthopedic |  |
|  4. | Ear, Nose, Throat |  |  |  | Cervical spine/back |  |
|  5. | Neck |  |  |  | Arms / elbows / wrists / hands |  |
|  6. | Lymphatic |  |  |  | Hips |  |
|  7. | Cardiovascular |  |  |  | Knees |  |
|  8. | Heart (murmurs?) |  |  |  | Ankles / feet |  |
|  9. | Abdomen |  |  | 14. | Developmental |  |
| 10. | Genitalia (including hernia) |  |  |  | Tanner staging (1-5) |  |

**Please initial or check one of the two clearance options below:**

1. \_\_\_\_\_ Full, unrestricted clearance

***or***

2. \_\_\_\_\_ Not cleared. Needs clearance by specialist(s) as indicated below and in Notes.

 \_\_\_\_Orthopedist \_\_\_\_Cardiologist \_\_\_\_Other:

Notes:

\* Effective **May 4, 2011,** screenings may only be performed by a licensed **MD, DO, PAC, or NP**.

\*\* Screening must be performed **AFTER May 25, 2018 for 2018-2019** school year participation.

**Athletic Screening Performed By: Screener’s Office Stamp**



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name/Title (M.D. / D.O. / P.A.C. / N.P.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date Signed*