

Our Lady of the Lake School  
PHYSICAL EXAMINATION

Name _____	Exam Date _____	Age _____	Date of Birth _____
Address _____	City/State/Zip _____	Home Phone _____	
School _____	Sport _____	Grade _____	Sex _____
Physician _____	Phone _____	Fax _____	
Address _____	City/State/Zip _____		

**PHYSICIAN OR PROVIDER INFORMATION – PLEASE COMPLETE BOTH PAGES**

Height: _____	Weight: _____	Blood pressure: ____/____	Pulse: _____bpm
Vision: R20/____ L20/____	Corrected: Y/N	Contacts: Y/N	Glasses: Y/N

	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes/Sclera/Pupils			
Ears/Hearing			
Nose/Mouth/Throat			
Heart: Murmurs/Elhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. Liver, Spleen)			
Tanner Stage: Testes/onset of menses			
Hernia	No	Yes/Possible	
Neck/Back/Spine: Range of motion			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination			
Romberg			
Heel Walk			
Tandem Walk			
Nose Touch			
Toe Walk			

Most recent immunization dates: \_\_\_\_\_

Medications currently in use: \_\_\_\_\_

Allergies: \_\_\_\_\_

Operations or accidents: \_\_\_\_\_

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PHYSICAL EXAMINATION  
CLEARANCE

A. Student may participate in the following sports: (PLEASE CHECK BELOW)

ALL  NON-CONTACT/STRENOUS  
 LIMITED CONTACT  NON-CONTACT/NON-STRENOUS

B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

C. NOT CLEARED FOR: Collision  Contact  Non-contact   
Strenuous  Moderate  Non-strenuous

Diagnosis: \_\_\_\_\_

Recommendations: \_\_\_\_\_

EXAMINED BY: Physician's/Provider's Stamp  
 Family Physician/Provider   
 School Physician   
 \_\_\_ MD \_\_\_ DO \_\_\_ NP \_\_\_ PA

DATE OF EXAM \_\_\_\_\_ Physician's/Provider's Signature \_\_\_\_\_

**CLASSIFICATION OF SPORTS BY CONTACT**

Contact		Non-Contact	
Collision/Contact	Limited Contact	Strenuous	Non-Strenuous
Field Hockey	Baseball	Field: Discus Javelin Shot Put	Bowling
Football	Basketball	Rowing	Golf
Ice Hockey	Cheerleading	Running/Cross Country	
Lacrosse	Diving	Strength Training	
Soccer	Fencing	Swimming	
Wrestling	Field: High Jump Pole Vault	Tennis	
	Gymnastics	Track	
	Skiing		
	Softball		

**MEDICAL CONDITIONS AFFECTING SPORTS  
 PARTICIPATION IN ADOLESCENTS**

**CONDITIONS REQUIRING CLEARANCE BEFOR SPORTS PARTICIPATION**

Atlantoaxial	Bleeding disorder
Hypertension	Congenital heart disease
Dysrhythmia	Mitral valve prolapse
Heart murmur	Cerebral palsy
Diabetes mellitus	Eating disorders
Heat illness history	One-kidney athletes
Hepatomegaly, Splenomegaly	Malignancy
History of repeated concussion	Organ transplant recipient
Cystic Fibrosis	Sickle cell disease
One-eyed athletes or with vision >20/40 in one eye	