

WESTHILL CENTRAL SCHOOL DISTRICT

SPORTS PARTICIPATION PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____ Age: _____

School: _____ Gender: Male Female Date: _____

Specify Current Diseases: Asthma Diabetes: Type 1 Type 2 Hypertension Hyperlipidemia
 Other: _____

Allergies: *Life Threatening* Food: _____ Insect: _____ Medication: _____
 Seasonal Other: _____

Physical Exam

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Urine: Protein _____ Glucose _____

Body Mass Index: _____ ▪ _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th – 49 th <input type="checkbox"/> 50 th – 84 th <input type="checkbox"/> 85 th – 94 th <input type="checkbox"/> 95 th – 98 th <input type="checkbox"/> 99 th and higher

Vision-Without Correction	R:	L:
Vision- With Correction	R:	L:
Hearing	R:	L:

	NORMAL	ABNORMAL
General Appearance		
Eyes		
Ears, Nose , Throat		
Mouth and Teeth		
Neck		
Cardiovascular		
Chest and Lungs		
Abdomen		
Skin		
Genitalia – Hernia (male)		
Musculoskeletal - Scoliosis		
Neurological		
Physical Maturity – Tanner Stage		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Comments Regarding Abnormal Findings: _____

Qualifications for Westhill School Athletic Events

Physically qualified for all sports OR only as checked below:
 _____ Contact/Collision: Football, Field Hockey, Ice Hockey, Lacrosse, Soccer, Wrestling
 _____ Limited Contact: Baseball, Basketball, Diving, Gymnastics, Handball, Skiing, Softball, Volleyball
 _____ Strenuous Non-contact: Cross Country, Track & Field, Swimming, Tennis
 _____ Non-strenuous Non-contact: Archery, Bowling, Golf

Restrictions: _____

Provider's Name: _____ Provider's Signature: _____

Provider's Phone Number & Address: _____ Exam Date: _____

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