



# TREASURE VALLEY

## CLASSICAL ACADEMY

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

|  |        |                   |
|--|--------|-------------------|
| Height: _____ Weight: _____ / _____ BP: _____ Pulse: _____ |        |                   |
| Vision: R 20 / _____ Vision: L 20 / _____ Corrected: Y / N |        |                   |
|  | Normal | Abnormal Findings |
| <b>Medical</b>   |        |                   |
| Pulses   |        |                   |
| Heart  |        |                   |
| Lungs  |        |                   |
| Skin   |        |                   |
| Ears, Nose, Throat   |        |                   |
| Abdomen  |        |                   |
| Genitalia (males)  |        |                   |
| <b>Musculoskeletal</b>                                     |        |                   |
| Neck   |        |                   |
| Shoulder   |        |                   |
| Elbow  |        |                   |
| Wrist  |        |                   |
| Hand   |        |                   |
| Back   |        |                   |
| Knee   |        |                   |
| Ankle  |        |                   |
| Foot   |        |                   |
| Other  |        |                   |

**CLEARANCE/RECOMMENDATIONS**

*The examiner should circle and comment on all that apply.*

A. Cleared for all sports and other school-sponsored activities.

B. Cleared after completing evaluation/rehabilitation for:

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C. NOT cleared to participate in the following IHSAA sponsored sports/activities (circle):

Cross Country      Volleyball      Wrestling      Basketball      Soccer

D. NOT cleared for other school-sponsored activities (example: lacrosse):

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E. Student is NOT permitted to participate in high school athletics.

Reason:

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F. Recommendation:

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Name of Physician:

Date:

Phone:

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Signature of Physician:

Address:

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