

APPENDIX 1: PHYSICAL EXAMINATION FORM



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
Medical		
Pulses		
Heart		
Lungs		
Skin		
Ears, Nose, Throat		
Abdomen		
Genitalia (males)		
Musculoskeletal		
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:

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):

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

F. Recommendation:

Name of Physician:

Date:

Phone:

Signature of Physician:

Address:

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500 SW 3rd St. | Fruitland, ID 83619 | (208) 779-4088 | tvcacademy.org