

CBA INTERSCHOLASTIC SPORTS PHYSICAL EXAMINATION

[If you have had a doctor's physical after July 1st of this year and it is on file in the Nurse's Office, you do NOT need to return to the doctor and this form does not need to be completed. However, the CBA Athletic Participation Permission Form does need to be completed for each sport.]

Name _____ Home Phone _____

Address _____ Date of Birth _____
 Street Town/City Zip Code

PHYSICIAN OR PROVIDER INFORMATION – PLEASE COMPLETE BOTH SIDES

Height: _____ Weight: _____ Blood Pressure: _____/_____ Pulse: _____
 Vision: R 20/_____ L 20/_____ Contacts: Y / N Glasses: Y / N

	Normal	Abnormal Finding	Comments
Head/Neck			
Eyes/Sclera/Pupils			
Ears			
Nose/Mouth/Throat			
Heart: Murmur/Rhythms			
Lungs: Auscultation			
Chest Contour			
Skin			
Abdomen: (liver, spleen, etc.)			
Tanner Stage:			
Genitalia			
Hernia	No	Yes / Possible	
Neck/Back/Spine: ROM			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological:			
Balance/Coordination:			
Romberg			
Heel Walk			
Tandem Walk			
Nose Touch			
Toe Walk			

Most recent Immunizations/Dates: _____

Medications currently in use: _____

Additional observations: _____

(Continued on next page)

CLEARANCE: (Section I)

- A. Student may participate in athletics (See Section IV) YES NO
- B. Student may participate in athletics after completing evaluation and rehabilitation for: _____

Date of Clearance: _____

- C. NOT CLEARED FOR: (See Section III)

Collision _____ Contact _____ Non-contact _____
Strenuous _____ Moderate _____ Non-strenuous _____

Diagnosis: _____

Recommendations: _____

EXAMINED BY: Physician's/Provider's Signature _____ Date of Exam _____
(Section II)

Physician's/Provider's Stamp:

CLASSIFICATION OF SPORTS BY CONTACT (Section III)

COLLISION/CONTACT

Field Hockey
Football
Ice Hockey
Lacrosse
Soccer
Wrestling

LIMITED CONTACT

Baseball
Basketball
Diving
Fencing
High Jump
Pole Vault
Gymnastics
Skiing
Softball
Volleyball

NONCONTACT

<u>STRENUOUS</u>	<u>NONSTRENUOUS</u>
Discus	Bowling
Javelin	Golf
Shot Put	
Rowing	
Running/XC	
Strength Training	
Swimming	
Tennis	
Track	

CONDITIONS REQUIRING CLEARANCE BEFORE SPORTS PARTICIPATION (Section IV)

Atlantoaxial Instability	Bleeding Disorder
Hypertension	Congenital Heart Disease
Dysrhythmia	Mitral Valve Prolapse
Heart Murmur	Cerebral Palsy
Diabetes Mellitus	Eating Disorder
Heat Illness History	One-Kidney Athletes
Hepatomegaly	Malignancy
Splenomegaly	Organ Transplant Recipient
History of Repeated Concussion	Sickle Cell Disease
Cystic Fibrosis	
One-eyed Athletes or Athletes with Vision > 20/40 in one eye	