

Please explain any YES answers from questions 1-31 on page 1. _____

PART III - PHYSICAL EXAMINATION

This part must be completed by the authorized health care provider named in Bylaw 2.

PATIENT NAME: _____

HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____
 VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N

| | Normal | Abnormal | Comment |
|----------------------------|--------|----------|---------|
| HEART | | | |
| Rhythm (Regular/Irregular) | | | |
| Murmur (supine) | | | |
| Murmur (standing) | | | |
| ENT | | | |
| Lungs | | | |
| Skin | | | |
| Abdominal | | | |
| Genitalia | | | |
| Musculoskeletal | | | |
| Neck | | | |
| Shoulder | | | |
| Elbow | | | |
| Wrist | | | |
| Hand | | | |
| Back | | | |
| Knee | | | |
| Ankle | | | |
| Foot | | | |
| Dental | | | |
| Other | | | |

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared _____
 2. Cleared after additional evaluation for _____
 3. Restricted from participating in the sports of _____
 4. Cleared only to participate in the sports of _____
- Recommendations/Restriction (attach additional if necessary) _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

| | | |
|----------------------------|--------------------------------|-------|
| Authorized Signature _____ | Provider's Name (please print) | _____ |
| | Address: | _____ |
| | City/State/Zip | _____ |
| | Phone | _____ |
| Date: _____ | | |

This Physical Examination is valid for one year from date administered.