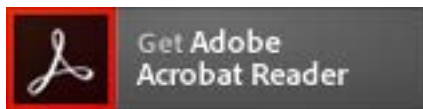


Directions for filling out the Physical Exam Forms:

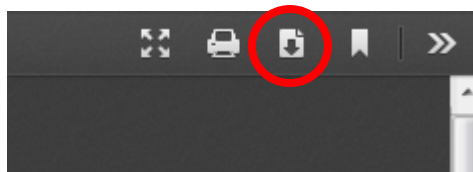
1. Use **Adobe Acrobat Reader** to view form.

- Click link below if download of Adobe Acrobat Reader is necessary.

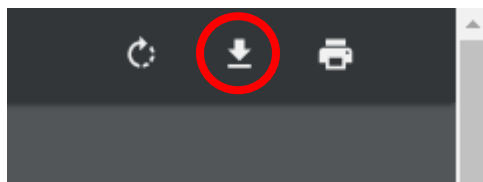


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

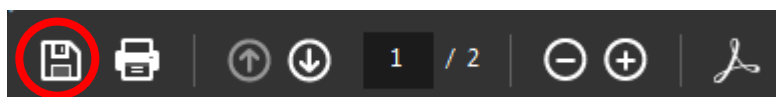
- **Firefox browser**



- **Google Chrome browser**



- **Edge browser**



3. Please **print and turn in completed forms to the School Office.**

PHYSICAL EXAM FORM

Athlete's Full Name (PRINT): _____ Birthdate: _____

Name of Medical Plan: _____ Insurance Policy Number: _____

Height _____ Weight _____ B.P. _____ Pulse _____ Visual Acuity O.D. _____ O.S. _____ O.U. _____

Skin normal _____
(Infection, Scars, Jaundice, Purpura, etc.)

Eyes normal _____
(Glasses, Contacts, etc.)

Ears normal _____
(Acute or chronic infection, Perforation, Hearing Loss, etc.)

Neck normal _____
(Range of motion, Presence of pain, etc.)

Chest normal _____
(Anterior, Percussion, Auscultation, etc.)

Heart normal _____
(Murmurs, Rate, Rhythm, etc.)

Abdomen normal _____
(Hepatomegaly, Splenomegaly, Masses, etc.)

Back normal _____
(Range of Motion, Scoliosis, etc.)

Extremities normal _____
(Abnormal mobility, Deformity, Instability, Muscle weakness, Atrophy, Scars, Varcosities, etc.)

Genitalia normal _____
(Absence, Masses, Hernia, etc.)

Neurological normal _____
(Balance, Coordination, Abnormal reflexes, etc.)

OTHER _____

PHYSICIAN'S APPROVAL

YES NO I approve this student for participation in all athletic activities at Harvest Christian Academy for one year from this exam date.

PHYSICIAN'S DISAPPROVAL

Reason(s) for disapproval: _____

LIMITATIONS

If there are any **limitations** on your approval, please state below:

This student may not participate in (**check all that apply**):

Basketball Beach Volleyball Bowling Cross Country Soccer Tennis Volleyball

Physician - Please Stamp Name/Name of Practice

Physician's Signature: _____ Date: _____