## PART III - PHYSICAL EXAMINATION

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

PATIENT NAME:					
	HEIGHT:	WEIGHT		/PULSE	
	VISION: R	- 20/ L- 20	/BOTH- 20/		
		Normal	Abnormal	Com	ment
HEART					
Rhythm (Regular/Irreg	ular)				
Murmur (supine)		· · · · · · · · · · · · · · · · · · ·		1	
Murmur (standing)				1	
ENT				]	
Lungs				]	
Skin					
Abdominal				]	
Genitalia					
Musculoskeletal			2		
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.

700 13th Street
Ashland, KY 41101
0)329-0204
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## KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION 2280 Executive Drive, Lexington, Kentucky 40505 Athletic Participation/Physical Examination Form/Consent and Release PART I - ATHLETE INFORMATION (This part must be completed by the student)

Name (Last, First, Initial) School Year													
Home Address (Street, City, State, Zip):													
Gender													
Date of E				Country	Ctata):								
	Attendance History												
Grade	School Name	School Name			School Year	Varsity Play – (Yes/No)?							
9													
10													
11													
12						1	ñ						
I am planning to participate in the following (circle all you might try to play):													
Baseb		cross Country	Football	Golf		Softball	Swimmi	ng T	ennis				
Track and	Field Volleyball	Wrestling		Archer	y Bass Fishing	Bowling	Chee	r (	Other				
		PA	RT II - MEDI	CAL H	ISTORY								
Pal	ent and student comple					orovider befo	ore the ph	ysical.					
CHE	CK THE APPROPRIAT	re response	E TO EACH I	TEM:				YES	NO				
	e you ever been hospita												
	e you ever had surgery			<b>my)</b> .									
	ou presently taking any												
4. Do y	ou have any allergies (	medicine, bees	, or other ins	ects)?.									
	e you ever passed out o												
	you ever been dizzy d												
	you ever had chest pa		er exercise?										
	Have you ever had high blood pressure?												
12. Do y													
13. Have	you ever had a head i	niurv?		,									
	you ever been knocke		scious?										
	A Have you ever had heat related problems?												
18. Have	you ever been dizzy o	or passed out in	the heat?.										
	9. Do you cough heavily, or breath heavily during activity?												
20. Do you use any special equipment (e.g., knee brace)?													
21. Have	you-had any problems	s with your eye	s or vision?.	hadron	a'r had ronaetad au	volling or of	hor						
	you ever sprained/stra	ained, disiocate	ea, fracturea,	broken	or had repeated sv	vening of ou							
	ou missing one of any	paired organs	(e.g. eves)										
	vou ever been diagno	sed with any fo	orm of asthma	a?									
	ave you ever been diagnosed with any form of asthma? re you using an inhaler for asthma?												
	ou diabetic?												
27. Do y	ou administer insulin to												
28. Are y	ou presently using tob	acco in any for											
	29. Do you have a history of sickle-cell anemia in your family?												
		u had any other medical problems?											
		ou had a medical problem or injury within the last year?											
	you swim?							L	1				
33. When was your last tetanus shot? Please explain any YES answers from questions 1-31:													
Please exp	plain any YES answers	from question	s 1-31:										