

PART III - PHYSICAL EXAMINATION

This part must be completed by an 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 _____ Date: _____	Provider's Name (please print)	Ashland Children's Clinic
	Address:	700 13th Street
	City/State/Zip	Ashland, KY 41101
	Phone	(606) 329-0204



