

# Windham High School Jaguars

## Physical Examination Clearance Form

Team: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME:		MALE	FEMALE
ADDRESS:			
CITY:		STATE:	
HOME PHONE NUMBER: CELL:		BIRTH DATE :	
		AGE	

**NOTE: Physical examination clearance forms must be turned into the Athletic Trainer prior to start of tryouts.  
The following section must be filled in by an authorized medical practitioner and authenticated by the same:**

SIGNIFICANT MEDICAL CONDITIONS			
	YES	NO	IF YES, EXPLAIN
ALLERGIES			
ASTHMA			
CARDIAC			
CHEMICAL DEPENDENCY			
DRUGS			
ALCOHOL			
DIABETES MELLITUS			
GASTROINTESTINAL DISORDER			
HEARING DISORDER			
HYPERTENSION			
NEUROMUSCULAR DISORDER			
ORTHOPEDIC CONDITION			
RESPIRATORY ILLNESS			
SEIZURE DISORDER			
SKIN DISORDER			
VISION DISORDER			
OTHER(SPECIFY)			

REPORT OF PHYSICAL EXAMINATION			
	NORMAL	ABNORMAL	IF ABNORMAL, EXPLAIN
HEIGHT(Inches)			
WEIGHT(Pounds)			
PULSE( )			
BLOOD PRESSURE /			
HAIR/SCALP			
SKIN			
EYES- VISUAL ACUITY R / L /			
EYES- COLOR VISION			
EARS-HEARING			
NOSE AND THROAT			
TEETH AND GINGIVA			
LYMPH GLANDS			
HEART - MURMUR			
LUNG-ADVENTIOUS			
ABDOMEN			
GENITALIA			
NEUROMUSCULAR SYSTEM			
EXTREMITIES			
SPINE (PRESENCE OF SCOLIOSIS)			
IMMUNIZATIONS (UP TO DATE)	YES	NO	

DATE OF EXAMINATION :	Cleared to play all sports _____	Non-Contact Only _____
SIGNATURE OF EXAMINER:		

**The Physicians form may be substituted for this form, this is a sample of areas expected to be examined for clearance.  
One physical is required each year of participation and should be current, after June 1<sup>st</sup> of prior school year.  
PLEASE RETURN THIS FORM TO THE ATHLETIC TRAINER OR SCHOOL NURSE PRIOR TO TRYOUTS**