

DAKOTA VALLEY SCHOOL DISTRICT 61-8

PHYSICAL EVALUATION

Physical Exam Term: 2018-2019

Date Exam Expires _____

The HEALTHCARE PROVIDER must complete this form before student may participate in interscholastic activities. Please refer to Pre-participation Health History page for health history and parent permission.

Name: _____ Gender: F M School: _____

DOB: _____ Grade (Fall 2018): _____

Height: _____ Weight: _____ Blood Pressure: / _____ Repeat in 5 minutes _____ / _____

Vision: R-20 / _____ L-20 / _____ (Circle if) Glasses / Contacts

	Place one "X" per system when Hx questions reviewed and evaluation completed.	Describe Abnormal Findings on History or Evaluation.
<u>Head</u> PERR, No eyewear Hearing OK No dental appliances No oral piercing		
<u>Musculoskeletal</u> Neck, Back, Shoulders, Arms, Elbows, Forearms, Wrists, Hands, Hips, Thighs, Legs, Ankles, Feet		
<u>Abdomen</u> Appropriate body fat, Surgical Scars, Note organomegaly Males: scrotal testes, No hernia, no masses		
<u>Cardiopulmonary</u> Lungs clear, Heart: RRR no murmur		

CLEARANCE

_____ Cleared for ALL (*collision, contact/endurance, and other*)

_____ Cleared only for *contact/endurance* and *other*

_____ Cleared only for *other*

“*collision*” = football/wrestling;

“*contact/endurance*” = basketball/cross country/gymnastics/tennis/track/volleyball/baseball/softball/soccer/swimming;

“*other*” = golf/band/show choir/cheer/dance/bowling

_____ Above clearance to be granted only after ___

_____ Clearance cannot be given at this time because _____

_____ Further recommendations for parents / participant _____

Signature of Examiner: _____ **Date:** _____

Note: The following licensed medical personnel are qualified to perform the evaluation and certify the health of the student participant: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physicians Assistant and licensed Nurse Practitioner.