

**ELMSFORD PUBLIC SCHOOLS
SPORTS PHYSICAL EXAMINATION FORM**

DATE _____

NAME _____ AGE _____ DATE OF BIRTH ____/____/____

Height _____ Weight _____ Blood Pressure _____

Vision right eye _____ Corrected right eye _____ Glasses / Contacts

Vision left eye _____ Corrected left eye _____

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia: Hernia			
10. Musculoskeletal: ROM, strength, etc			
a. neck			
b. spine			
c. shoulders			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			
12. Physical Maturity (Tanner Scale)			

Comments re: abnormal Findings: _____

PARTICIPATION RECOMMENDATIONS

Please check off each of the categories that the above named student is cleared to participate in. Any unchecked categories indicates disqualification for that particular group of sports activities.

<u>Contact/Collision</u>	<u>Limited contact</u>	<u>Strenuous</u>	<u>No-Strenuous</u>	
Field Hockey	<u>/Impact</u>	<u>Non-contact</u>	<u>Non-contact</u>	
Football	Basketball	Crew	Archery	Physicians Signature _____
Ice Hockey	Diving	Cross Country	Bowling	
Lacrosse	Gymnastics	Track & Field	Golf	
Soccer	Handball	Swimming	Riflery	
Wrestling	Skiing	Tennis		
	Softball			Date ____/____/____
	Volleyball			Address: _____
	Baseball			_____
				Phone # _____