

**The Summit School® Sports Participation Physical Examination (TO BE COMPLETED BY PHYSICIAN)**

**Student Information**

Student's name (please print first, middle and last)

\_\_\_\_\_

Entering grade \_\_\_\_\_ DOB \_\_\_\_\_ Sex Male \_\_\_ Female \_\_\_

Emergency contact name and phone number/s \_\_\_\_\_

Relationship to student (i.e., mother, father) \_\_\_\_\_

Phone number/s Cell \_\_\_\_\_ Hm \_\_\_\_\_ Wk \_\_\_\_\_

Email \_\_\_\_\_

**ALLERGIES, ASTHMA, MEDICATION/S**

Does this student have any allergies to medicines, food, pollens, stinging insects?

Yes \_\_\_ If yes, please list and describe all known allergies. No, there are no known allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the student require any EMERGENCY ACTION while in school? \_\_\_ Yes \_\_\_ No If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

**GENERAL MEDICAL EXAM**

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_ HEART RATE \_\_\_\_\_

VISION CORRECTED? \_\_\_ Y \_\_\_ N

GLASSES \_\_\_\_\_ CONTACTS \_\_\_\_\_

Left Eye 20/ \_\_\_\_\_

Right Eye 20/ \_\_\_\_\_

Appearance \_\_\_ Nml \_\_\_ Abnml

Heart \_\_\_ Nml \_\_\_ Abnml

Abdomen \_\_\_ Nml \_\_\_ Abnml

EENT \_\_\_ Nml \_\_\_ Abnml

Pulses \_\_\_ Nml \_\_\_ Abnml

Genitalia \_\_\_ Nml \_\_\_ Abnml

Lymph Nodes \_\_\_ Nml \_\_\_ Abnml

Breathing/Lung \_\_\_ Nml \_\_\_ Abnml

Skin \_\_\_ Nml \_\_\_ Abnml

Notes/Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORTHOPEDIC EXAM**

NECK \_\_Nml \_\_Abnml

Elbow/Forearm \_\_Nml \_\_Abnml

Knee \_\_Nml \_\_Abnml

Back \_\_Nml \_\_Abnml

Wrist/Hand \_\_Nml \_\_Abnml

Leg/Ankle \_\_Nml \_\_Abnml

Shoulder/Arm \_\_Nml \_\_Abnml

Hip \_\_Nml \_\_Abnml

Foot \_\_Nml \_\_Abnml

Notes/Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any other mental or physical health aspects or concerns including any recommendations or information the school should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Student **IS cleared** for sports participation

\_\_\_\_\_ Student **is NOT cleared** for sports participation

\_\_\_\_\_ Student **cleared with LIMITATIONS**

Explain the reason/s for limitations or why student is not cleared for participation in sports:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXAM is GOOD for ONE CALENDAR YEAR ONLY**

\_\_\_\_\_  
Name of health practitioner (please print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of health practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent (please print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date