

The Overlake School Physical Examination (Medical Form 23-24)

Name:	Date of Birth: / /
Advisor:	

To be completed by examining provider. A valid physical is required for athletics participation, upon enrollment, and upon entering 9th Grade. **Valid for 13 months from the date of the exam.**

Height: _____	Weight: _____	Pulse: _____	BP: ____ / ____
Vision R: 20/____ Vision L 20/____ Corrected Y/N Contacts/ Glasses Pupils Equal / Unequal			

MEDICAL	Normal	Abnormal Finding / Recommendation	Initials
Appearance / skin			
E/E/N/T			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Neurological			
MUSCULOSKELETAL			
Head / Neck			
Back			
Upper Extremity			
Lower Extremity			
FUNCTIONAL			
ROM / Flexibility			

I conducted a physical examination of the above named student. Based on my findings, the student is:

☐ Cleared – all sports/PE
 ☐ Cleared – non-contact sports only
☐ Cleared after completing evaluation / rehabilitation for: _____

☐ Not cleared for (Reason/Recommendations): _____

Name of health care provider _____ Date of Exam _____
 (please stamp or print) Exam is valid for 13 months from this date

Address: _____ Phone: _____

Signature of health care provider _____, MD, DO, ARNP, PA or ND