

# The Overlake School Physical Examination (Medical Form 20-21)

Name: _____	Date of Birth: ____ / ____ / ____
Advisor _____	

To be completed by examining healthcare 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			
<b>MUSCULOSKELETAL</b>			
Head / Neck			
Back			
Upper Extremity			
Lower Extremity			
<b>FUNCTIONAL</b>			
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)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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