The Overlake School Physical Examination (Medical Form 19-20)

Name:	Date of Birth: / /
Advisor	

Below To be completed by examining health care provider only. **Physical exam is valid for 13 months from the date of the exam.** A valid physical is required for athletics participation.

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)

Address: _____ Phone: _____

Signature of health care provider_____, MD, DO, ARNP, PA or ND