

JP Cheerleading *Physical Examination Form Grades 3-8*

| | | | | | | | |
|---|---------------|------------------------|--------------|---------------------------------|--|-------------------------|--|
| Name of Student: _____ | | DOB: ___/___/___ | | School: _____ | | Grade: _____ | |
| Height: _____ | Weight: _____ | %Body Fat (opt): _____ | Pulse: _____ | BP: ___/___(___/___) | | | |
| Vision: R 20/___ L 20/___ | | Corrected: Y N | | Auditory Screening: R ___ L ___ | | | |
| Immunizations: DPT #1 _____ DPT #2 _____ DPT #3 _____ Last DT _____ OPV #1 _____ OPV #2 _____ OPV #3 _____ | | | | | | | |
| Hep B #1 _____ | | Hep B #2 _____ | | HepB #3 _____ | | Varicella Vaccine _____ | |
| MMR #1 _____ | | MMR #2 _____ | | Pneumococcal _____ | | Meningococcal _____ | |

| | Normal | Abnormal with Comment | Initials | Exam |
|------------------------|--------|-----------------------|----------|--|
| MEDICAL EXAM | | | | Notes: Please list medications, allergies, past medical history, past surgical history (if not listed on health history) |
| Appearance | | | | Current Medications: |
| Eyes/Ear/Nose/Throat | | | | |
| Thyroid | | | | Allergies: |
| Lymph Nodes | | | | |
| Heart | | | | Surgical History: |
| Lungs | | | | |
| Pulses | | | | Physical Limitations: |
| Abdomen | | | | |
| Hernia | | | | |
| Genitalia (males only) | | | | |
| Skin | | | | |
| MUSCULOSKELETAL | | | | Are there any limitations to |
| Neck | | | | participation in Physical Education? |
| Back/Scoliosis | | | | If so, please explain: |
| Shoulder/Arm | | | | |
| Elbow/Forearm | | | | |
| Wrist/Hand | | | | |
| Hip/Thigh | | | | |
| Knee | | | | |
| Leg/Ankle | | | | |
| Foot | | | | |

MEDICAL CLEARANCE: Check appropriate areas of participation in a competitive sport. **An unmarked box indicates disqualification** for that group of activities

| | |
|--|--|
| Contact/Collision <input type="checkbox"/> Field Hockey, Football, Ice Hockey, Soccer, Wrestling, Lacrosse | Limited Contact/Impact <input type="checkbox"/> Cheerleading, Baseball, Softball, Basketball, Diving, Gymnastics, Volleyball, Skiing (Alpine & XC) |
| Strenuous Noncontact <input type="checkbox"/> Indoor Track, Cross Country, Tennis, Track & Field, Swimming | Nonstrenuous/noncontact <input type="checkbox"/> Golf, Bowling |

PHYSICIAN INFORMATION: Name of Physician (Print/Type/Stamp) _____

Address: _____ Phone: _____

Signature of Physician _____ Date of Exam: _____