

NAME OF STUDENT _____

PHYSICAL EXAMINATION FOR STUDENTS ONLY

WIAA REGULATIONS AS WELL AS THE ENUMCLAW SCHOOL DISTRICT REQUIRE a new physical examination to begin participation in interscholastic athletics at the Middle and High School level. This physical is good for 24 months and must not expire during the season your child is participating.

Students that are receiving a physical their 8th gr. year, may use this physical their 9th gr. year with Dr. permission.

MEDICAL AUTHORITIES LICENSED TO GIVE PHYSICAL EXAMINATIONS:

1. Medical Doctor (M.D.)
2. Physician Assistant (P.A.C)
3. Doctor of Osteopathy (D. O.)
4. Certified Nurse Practitioner (CRN)

Age: _____ Pulse: _____ Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/ _____ Right 20/ _____

Normal		Abnormal	Normal		Abnormal
<input type="checkbox"/>	1. Head	<input type="checkbox"/>	<input type="checkbox"/>	8. Genitalia	<input type="checkbox"/>
<input type="checkbox"/>	2. Eyes (pupils), ENT	<input type="checkbox"/>	<input type="checkbox"/>	9. Neurologic	<input type="checkbox"/>
<input type="checkbox"/>	3. Teeth	<input type="checkbox"/>	<input type="checkbox"/>	10. Skin	<input type="checkbox"/>
<input type="checkbox"/>	4. Chest	<input type="checkbox"/>	<input type="checkbox"/>	11. Physical Maturity	<input type="checkbox"/>
<input type="checkbox"/>	5. Lungs	<input type="checkbox"/>	<input type="checkbox"/>	12. Spine, Back	<input type="checkbox"/>
<input type="checkbox"/>	6. Heart	<input type="checkbox"/>	<input type="checkbox"/>	13. Shoulders, Upper extremities	<input type="checkbox"/>
<input type="checkbox"/>	7. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	14. Lower extremities	<input type="checkbox"/>

Assessment:

Full participation- 6th -8th grade middle school sports, including 9th grade year for high school sports

Limited participation (describe limitations, restrictions):

Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

Date: _____

Examiner's Signature: _____

****For 8th gr. students this examiner gives permission for this physical to be valid their 9th gr. year in High School.**

****Examiner's Signature: _____**

Print Examiner's Name: _____

Examiner's Phone: () _____