

PART III - PHYSICAL EXAMINATION

This part must be completed per KRS 156.070 (2)(d) and be signed by a physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the chiropractor's scope of practice).
 PATIENT NAME: _____

HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____
 VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared _____
 2. Cleared after additional evaluation for _____
 3. Restricted from participating in the sports of _____
 4. Cleared only to participate in the sports of _____
- Recommendations/Restriction (attach additional if necessary) _____

I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____

Date: _____

Provider's Name (please print)	
Address:	
City/State/Zip	
Phone	

KRS 156.070 (2)(d) states: "Every local board of education shall require an annual medical examination performed and signed by a physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the professional's scope of practice), for each student seeking eligibility to participate in any school athletic activity or sport. As such, this Physical Examination is valid for one year from date administered should be kept in a secure location until the student has exhausted eligibility, graduated from high school, and reached the age of 19."