

# 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____			
<b>Immunizations:</b> 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

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

**PHYSICIAN INFORMATION:** Name of Physician (Print/Type/Stamp) \_\_\_\_\_

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

Signature of Physician \_\_\_\_\_ Date of Exam: \_\_\_\_\_