

WATERVLIET CITY SCHOOL DISTRICT
For Family Physician

Preparation Physical Evaluation

Physical Examination		Date _____
Name _____	Age _____	Date of Birth _____
Height _____	Weight _____	BP ____/____ Pulse _____
Vision R 20/ _____	L 20/ _____	Corrected Y N Pupils _____

	Normal	Abnormal Findings	Initials
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LIMITED

Cardiopulmonary _____

Pulses _____

Heart _____

Lungs _____

Tanner Stage _____ **1 2 3 4 5** _____

Skin _____

COMPLETE

Abdominal _____

Genitalia _____

Musculoskeletal _____

Neck _____

Shoulder _____

Elbow _____

Wrist _____

Hand _____

Back _____

Knee _____

Ankle _____

Foot _____

Other _____

Clearance:

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for:

- A. Collision
- B. Contact
- C. No Contact _____ Strenuous _____ Moderately Strenuous _____ NonStrenuous _____

Due to: _____

Recommendation:

Name of Physician: _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____