

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

Printed Name of MD, DO, APRN or PA Signature of MD, DO, APRN or PA Date of Medical Examination

From this limited screening I see no reason why this student cannot participate in athletics.
Student is cleared
Cleared after further evaluation and treatment for:
Not cleared for: contact non-contact

ENT, Lungs, Heart, Abdomen, Skin, Hernia. GENERAL MEDICAL EXAM: Norm, Abnl. VISION: L, R, Corrected. DENTAL: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16. ORTHOPAEDIC EXAM: I. Spine / Neck, II. Upper Extremity, III. Lower Extremity.

Height, Weight, Blood Pressure, Pulse

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Date Signed by Parent, Signature of Parent, Typed or Printed Name of Parent. 1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness...

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death.

PARENTS' WAIVER FORM

List Dates for: Last Tetanus Shot, Measles Immunization, Meningitis Vaccine. Yes No Condition. Heart Murmur / Chest Pain / Tightness, Seizures, Kidney Disease, etc.

ATHLETE'S ORTHOPAEDIC HISTORY

Has the athlete had any of the following injuries? Yes No Condition. Head Injury / Concussion, Elbow L / R, Hip L / R, etc.

FAMILY MEDICAL HISTORY

Has any member of your family under age 50 had these conditions? Yes No Condition. Heart Attack/Disease, Stroke, Diabetes, etc.

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team. LHSAA MEDICAL HISTORY EVALUATION