PROVIDENCE
THE COLLEGE PREPARATORY SCHOOL FOR GIRLS GRADES 6–12

PHYSICAL EXAMINATION

This form must be completed for every middle school student, every new student to Providence Catholic School, no matter what grade level, and any student participating in any physical extracurricular activity (ie: PE, Athletics, JROTC, Dance, etc.)

A student cannot try out, practice or participate in these extracurricular activities until there is a Physical Examination form on file.

Student Name: _____ DOB: _____ Age: _____ Grade: _____

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Height _____ Weight _____ Pulse _____ BP _____/_____ (_____/_____, _____/_____)

Vision R 20/_____ L 20/_____ Corrected Y/N Pupils Equal/Unequal

In keeping with the requirements of the Texas Association of Private and Parochial Schools, as a minimum requirement, this PHYSICAL EXAMINATION FORM must be completed prior to participation in any physical extra-curricular activity. Any student who has a yes answer to any specific question on the annual MEDICAL HISTORY FORM must also have this form completed annually.

GENERAL ANATOMY

	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Auscultation of the heart-Supine			
Auscultation of the heart-Sitting			
Pulses			
Lungs			
Abdomen			
Skin			
Liver/Spleen			
Spine			

MUSCULOSKELETAL

	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrists/Hands			
Hips/Thighs			
Knees			
Legs/Ankles			
Feet			

CLEARANCE

___ Cleared for all sports

___ Cleared after completing evaluation/rehabilitation for: _____

Must be cleared by Dr. _____

___ Not cleared for (Sports) _____ Reason _____

The following information must be filled in and signed by either a Physician, Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners

Printed/Typed/Stamped Name: _____

Address: _____

Signature: _____Date of Exam: _____

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