

Examination

Patient's Name _____ BP _____ WT _____
 (Minimal wt _____) HT _____ Vision (R) _____ (L) _____

2. Musculoskeletal Exam

	NORMAL	ABNORMAL	RECORD laxity, weakness, instability, decreased ROM
Neck			
Knee			
Ankle			
Shoulder			
Feet			
Scoliosis/Spine			
Other Orthopedic Problems			

3. Cardiovascular Exam

	NORMAL	ABNORMAL	NOT DONE	COMMENTS
ENT				
Chest				
Abdomen				
Genitalia				
Skin				

9. ASSESSMENT: No problems identified Other _____

10. RECOMMENDATIONS: Unlimited Limited to specific sports Deferred until (e.g., rehab., recheck, consultation, lab, etc.)

11. RE-EXAM: Yearly and after any injury that limits participation for greater than one week.
 Other _____

I certify that I have examined the above student and that such examination revealed (Conditions No conditions) that would prevent this student from participation in interscholastic sports.

Licensed to practice medicine in North Carolina? Yes No

Signature _____ Phone # (____) _____ Date: _____

Address: _____

If student is not qualified, list reasons for disqualification: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal

deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, testicle, or ovary, etc.)