

MILLARD PUBLIC SCHOOLS
ATHLETIC PRE-PARTICIPATION PHYSICAL FORM
 NOTE: A valid physical must be given after May 1, 2009

THE ACTIVITIES DEPARTMENT WOULD LIKE TO HAVE THIS INFORMATION ON FILE; HOWEVER, THERE IS NO OBLIGATION TO SUBMIT THIS PAGE TO THE SCHOOL OR DISTRICT.

Section 2- to be completed by the Medical Professional performing the physical:

Student Name _____ **Date of Birth/Age** _____ / _____

Height _____ **Weight** _____ **B.P.** _____ / _____ (_____ / _____ , _____ / _____) **Pulse** _____

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

Medical Exam (cross out if omitted):

	NORMAL	ABNORMAL	ABNORMAL FINDINGS	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Hearing				
Lymph Nodes				
Heart				
Murmurs				
Pulses				
Lungs				
Abdomen				
Skin				
Genitourinary+				

	NORMAL	ABNORMAL	ABNORMAL FINDINGS	INITIALS
Neck				
Back				
Shoulder/Arm				
Elbow/Forearm				
Wrist/Hands/Fingers				
Hip/Thigh				
Knee				
Leg/Ankle				
Foot/Toes				

+ For multiple-examiner set up, having a third party present is recommended for the genitourinary examination.

Medical Professional's Notes: _____

Attending Physician (print): _____

Office Phone: _____

Address: _____

Physician's Signature: _____

DATE: _____