

# IUSD HIGH SCHOOL ATHLETIC PRE-PARTICIPATION EXAM FORM

Circle One: IHS NHS UHS WHS

**Name:** \_\_\_\_\_  
(Print Legibly) Last First Middle or Nickname

**Grade:** \_\_\_\_\_  
(In Fall)

**M/F**  
Circle

**Birthdate:** \_\_\_\_\_ **Student ID#** \_\_\_\_\_ **SPORT(s):** \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring

## PHYSICAL EXAM REQUIRED FOR ALL ATHLETES: Completed by a HEALTHCARE PROVIDER

	Normal		Normal
General		Chest/Lungs	
Eyes, Ears, Nose, Throat		Neck	
Cardiovascular		Abdomen	
Femoral Pulses		Skin	

Visual Acuity (Distance): Right / Left: /	
<input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected	
Height:	Blood Pressure:
Weight:	Pulse:

<b>Musculoskeletal:</b>	Normal		Normal		Normal
Neck / Shoulders		Hips / Thighs		Arms / Hands	
Spine		Knees		Ankles / Feet	

**COMMENTS:**

**RECOMMENDATION:** ☐ Full Activity – No Restrictions ☐ Activity With Restrictions ☐ No Contact Sports  
☐ No Participation ☐ Other

**EXAMINING HEALTHCARE PROVIDER** (please print): \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE OF EXAM:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Healthcare Provider Office Stamp