

**GLOUCESTER CITY SCHOOL DISTRICT  
PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ Sport: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
**PHYSICIAN OR PROVIDER INFORMATION - PLEASE COMPLETE BOTH PAGES**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm.  
 Vision: R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes/Sclera Pupils			
Ears			
Nose/Mouth/Throat			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. liver, spleen)			
Tanner Stage: Testes/Onset of Menses			
Hernia			
Neck/Back/Spine: Range of Motion			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination: Romberg:			
Heel Walk:			
Tandem Walk:			
Nose Touch:			
Toe Walk:			
Most recent Immunizations/Dates:			
Medications currently in use:			
Additional Observations:			

**CLEARANCE:**

A. Student may participate in athletics: YES NO Date: \_\_\_\_\_  
 B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 C. **NOT CLEARED FOR:** Collision \_\_\_\_\_ Contact \_\_\_\_\_ Non-contact \_\_\_\_\_  
 Strenuous \_\_\_\_\_ Moderate \_\_\_\_\_ Non-strenuous \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_

EXAMINED BY: Physician's/Provider's Stamp:

Family Physician/Provider \_\_\_\_\_  
 School Physician \_\_\_\_\_  
 MD DO NP PA

Physician's/Provider's Signature: \_\_\_\_\_

**SCHOOL PHYSICIAN'S NOTIFICATION**

The school physician has received the medical report from the student's medical home and it complies with the requirements of NJAC 6A:16-2.2(h)5; and further, that the school physician's notification regarding the student's participation in athletics and signature is based solely on the medical examination and results submitted by the examining physician.

School Physician's Initials/Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**CLASSIFICATION OF SPORTS BY CONTACT**

Collision/Contact	Limited Contact	Noncontact	
		Strenuous	Nonstrenuous
Field Hockey	Baseball	Field	Bowling
Football	Basketball	Discus	Golf
Ice Hockey	Diving	Javelin	
Lacrosse	Fencing	Shotput	
Soccer	Field	Rowing	
Wrestling	High jump	Running/Cross Country	
	Pole vault	Strength Training	
	Gymnastics	Swimming	
	Skiing	Tennis	
	Softball	Track	
	Volleyball		

**MEDICAL CONDITIONS AFFECTING SPORTS PARTICIPATION IN ADOLESCENTS**

**CONDITIONS REQUIRING CLEARANCE BEFORE SPORTS PARTICIPATION**

Atlantoaxial instability	Bleeding disorder
Hypertension	Congenital heart disease
Dysrhythmia	Mitral valve prolapse
Heart murmur	Cerebral palsy
Diabetes mellitus	Eating disorders
Heat illness history	One-kidney athletes
Hepatomegaly, Splenomegaly	Malignancy
History of repeated concussion	Organ transplant recipient
Cystic fibrosis	Sickle cell disease
One-eyed athletes or athletes with > 20/40 in one eye	