

Central Kitsap School District  
**INITIAL PHYSICAL EXAMINATION FOR ATHLETIC COMPETITION**

TO BE COMPLETED BEFORE ENTRY INTO ATHLETICS

Name: \_\_\_\_\_ Visual Acuity: L 20/ \_\_\_\_\_ R 20/ \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ With/Without Correction  
 Contact Lenses (circle one) Y N  
 Blood Pressure (Sitting, Rt. Arm): \_\_\_\_\_  
 Pulse: Resting pulse \_\_\_\_\_  
 Lab\*: Hct \_\_\_\_\_ Sickle Cell \_\_\_\_\_  
 Urinalysis\*: Protein \_\_\_\_\_ Sugar \_\_\_\_\_ Blood \_\_\_\_\_  
 \*Optional (Urinalysis needs parent authorization.)

General Appearance/Somatotype: _____	Abdomen: _____
Eyes: E.O.M. _____	Genitalia: _____ <input type="checkbox"/> Not examined
Pupils: _____	Skin: _____
Ears/Nose/Throat: _____	Other Remarks: _____
Dental/Braces: _____	_____
Lymph Nodes: _____	_____
Cardiac: Murmur: Yes _____ No _____	Strength: _____
Pulse: Regular _____ Irregular _____	_____
Respiratory: _____	Flexibility: _____
Posture/Neck/Back/Scoliosis: _____	_____
_____	General Conditioning: _____
Upper Extremities: _____	_____
_____	_____
Lower Extremities: _____	_____
_____	_____

**DISPOSITION AND RECOMMENDATIONS** (USE BACK OF FORM FOR ADDITIONAL INFORMATION)

DIAGNOSIS OR PROBLEM	TREATMENT RECOMMENDATIONS
1) _____	_____
2) _____	_____
3) _____	_____

- DISPOSITION:** \_\_\_\_\_
- 1) Unrestricted activity in high school sports grades 9-12
  - 2) Unrestricted activity in any sport grades 7-8
  - 3) Unrestricted activity in all sports except \_\_\_\_\_
  - 4) No participation until \_\_\_\_\_
  - 5) Conditional participation, limited to \_\_\_\_\_
  - 6) No participation in any sport

\_\_\_\_\_

Date
Doctor's Signature
Phone

