



## WCS Physical Examination Form

- This form is required to be completed for all student athletes before competing in any extra-curricular activities, and turned into the school office.
- The physical examination form is strictly confidential and a copy of this form will be kept with the student's records.
- Examinations must be conducted every 2 years, and dated within 6 months prior to the first day of school. Include detailed explanation regarding abnormalities or unusual findings.

Student's Name \_\_\_\_\_ Gender:  M  F

School \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Primary Care Physician/Clinic \_\_\_\_\_

Conducting Physician/Clinic \_\_\_\_\_

Physician's Contact:  
Phone, E-Mail, or Web \_\_\_\_\_

(All spaces must be filled in)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B.P \_\_\_\_\_

Body Build \_\_\_\_\_ Skin \_\_\_\_\_ Body Fat % \_\_\_\_\_

\*If "Not Examined" please provide explanation or reason for non-examination in the abnormal findings section.

Medical Item	Normal	Abnormalities or Unusual Findings	*Not Examined
Eyes/Ears/Nose/Throat			
Teeth/ Lymph Nodes			
Heart – Supine/Standing			
Lungs			
Abdomen			
Chest			
Genitalia (male only)			
Other:			
Muscular or Skeletal	Normal	Abnormalities or Unusual Findings	*Not Examined
Neck			
Shoulders			
Back/Spine			
Elbows			
Wrists / Hands			
Hips			
Knees			
Ankles / Feet			
Other:			

Date of Examination \_\_\_\_\_

Conducting Physician's Printed Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_

- Cleared for Participation       Not Cleared for Participation  
 Cleared for Participation after completing the following, (i.e. rehabilitation etc.) \_\_\_\_\_