



## Wylie Preparatory Academy – Physical Examination

TO BE PERFORMED ANNUALLY – EXPIRES AFTER ONE YEAR

Wylie Preparatory Academy has adopted this state approved form for use in its Athletic Program. WYLIE PREPARATORY ACADEMY requires that this form be on file in the Athletic Office BEFORE a student participates in any athletic activity.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Pulse: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

MEDICAL	Abnormal Findings	Initials
Appearance (i.e., Marfan Syndrome)		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart-Auscultation of heart in supine position		
Heart-Auscultation of heart in standing position		
Heart-Lower extremity pulses (bilateral femoral)		
Heart-Upper extremity pulses (bilateral brachial)		
Lungs		
Abdomen		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

I certify that I have examined this student and he/she may compete in all supervised school athletic activities.  
EXCEPT:

\_\_\_\_\_

Special instructions or limitations:

\_\_\_\_\_

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_