



Athletic Examination Form

Indian Creek Middle School
Covington, Georgia

STUDENT FILLS OUT THIS SECTION:

Name _____ Date _____
Last First Middle

Age _____ Grade _____ Sex _____ Sport _____

Medical History:

ILLNESS	INJURIES	OPERATIONS
Eyes & Ears	Neck	Head
Heart & Lungs	Chest/Abdomen	Chest
Abdomen	Upper Extremity	Abdomen
Head	Lower Extremity	Extremities
(Females Only) Date of last normal period: _____		

PHYSICIAN FILLS OUT THIS SECTION:

PASS

FAIL

PLEASE PRINT: Physician's Name _____

Address _____ City _____ Telephone # () _____

Height _____ Weight _____ Blood Pressure _____

Pulse _____
Before Exercise Immediately After Exercise After Brief Rest Period

Chest _____

Heart _____

Abdomen/Hernia: _____

Urine _____ Sugar _____ Protein _____

Skin _____ H.E.E.N.T. _____

ORTHOPEDIC

PASS

FAIL

	LEFT	RIGHT		LEFT	RIGHT
Anterior Medial Instability			Varus		
Anterior Lateral Instability			Valgus		
Posterior Lateral Instability			Ankle		
Cruciate Instability			Feet		
			Other		

- Approved for athletic participation
- Approved, but needs re-check of: _____
- Not approved for athletic participation

Signed _____ M.D. Date _____

RE-CHECKED BY PHYSICIAN AND APPROVED FOR ATHLETIC PARTICIPATION.

Signed _____ M.D. Date _____