

Explain any YES or UNSURE answers: _____

By signing below I agree that I have reviewed and answered each question on the front page. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent/guardian, I give consent for this examination and give permission for my youth to participate the Academy.

Parent/Guardian Signature: _____ Date: _____ Phone #: _____

Candidate Signature: _____ Date: _____ Phone #: _____

Physical Examination [Must be completed by a Licensed Physician, Nurse Practitioner, or Physician Assistant]

Candidate's Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____ Pulse: _____ Temp: _____

Vision R 20/ _____ L 20/ _____ Corrected: Yes No **Remember Contact Lenses are NOT Permitted!!**

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
OTHER ORTHOPEDIC PROBLEMS			

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. ***Medical Waiver Form must be attached for the condition of: _____
- D. Not cleared for: _____ Strenuous _____ Moderately Strenuous _____ Non-strenuous

Due to: _____

The following items are required for admission. (These may be done at your local Health Dept. if your PCP cannot.)

1) STD Date & Facility of Testing (Chlamydia, Gonorrhea, Trichomoniasis): _____

2) Tuberculin Skin Test & Result: _____

Name of Physician/Extender: _____

Physician/Extender Signature: _____ MD DO PA NP
[Signature and circle of designated degree required]

Date of exam: _____

Address: _____

Phone: _____

Physician Office Stamp:
