



MONTESSORI SCHOOL of BOWLING GREEN
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 Bowling Green, OH 43402
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 www.MontessoriSchoolBG.org

**STUDENT ATHLETE PARTICIPATION
 PHYSICIAN'S CLEARANCE**

Students Name: _____ Date of Birth: _____

Height: _____ Weight: _____ % of Body Fat (optional) _____ BP: ____/____, ____/____, ____/____

Vision R: 20/____ L: 20/____ Corrected: Y N Pupils: Equal ____ Unequal ____

<u>MEDICAL</u>	<u>Normal</u>	<u>ABNORMAL FINDINGS</u>	<u>Initials</u>
Appearance			
Eyes/ears/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Skin			
<u>MUSCULOSKELETAL</u>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

Notes: _____

CLEARANCE

Cleared, without restriction Cleared, with recommendations for further evaluation or treatment for: _____

Not cleared for: Sports Certain sports: _____

Reason and/or recommendations: _____

Name of examining physician/physician's assistant/advanced practice nurse _____

Address _____ Phone _____

Physician's Signature _____ Date _____

*NOTE: CONSENT AND HIPAA RELEASE FORMS THAT MUST BE SIGNED BY BOTH THE PARENT AND THE STUDENT ARE ON A SEPARATE SHEET. CONSENT FORM MUST BE COMPLETED PRIOR TO PHYSICAL EXAMINATION.

*THIS FORM IS VALID FOR ONE CALENDAR YEAR FROM THE DATE OF PHYSICIAN'S SIGNATURE ABOVE.