



▪ **ALBUQUERQUE ACADEMY** ▪  
**PART B: Student Physical Evaluation**  
 2019-2020 School Year

THIS SECTION OF THE FORM IS TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Name _____	Date of Birth _____	Date of Exam _____
<b>EXAMINATION</b>		
Height : _____	Weight : _____	BMI %ile: _____
BP( _____ / _____ )	B/P %ile: _____	Pulse: _____
Vision R 20/ _____	L 20/ _____	Corrected Y N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance • Marfan stigmata (kyphoscoliosis, high-arched, palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, arotic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

**Samples of Classification of sports by contact:**

<u>Contact</u>	<u>Non-Contact</u>
Contact/Collision: Football Soccer Wrestling Limited Contact: Baseball/Softball Basketball Diving Volleyball Field: High Jump, Pole Vault	Strenuous: Dance Field: Discus, Javelin, Shot-put Running, swimming, weight lifting Tennis Experiential Education: Hiking, rock climbing, canoeing, Backpacking, snowshoeing, ropes course Non-strenuous: Golf, bowling

▪ **A L B U Q U E R Q U E   A C A D E M Y** ▪  
**PART C: Health Care Provider's Statement and Parental Release Statement**  
 2019-2020 School Year

THIS PAGE MUST BE SIGNED BY YOUR HEALTH CARE PROVIDER, A PARENT/GUARDIAN, AND THE STUDENT

**HEALTH CARE PROVIDER'S STATEMENT**

I certify that I have, on this date, reviewed the history and examined this student and that on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, it is permissible for this student to participate as indicated below. I have also discussed any questions the parent(s)/guardian(s) and student may have regarding participation in interscholastic activities.

1. Cleared for all classifications \_\_\_\_\_  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
**NOT** cleared for:   Contact Sports:  
                                   Contact/Collision \_\_\_\_\_  
                                   Limited Contact \_\_\_\_\_  
                                   Non-Contact Sports:  
                                   Strenuous \_\_\_\_\_  
                                   Non-Strenuous \_\_\_\_\_

2. Immunizations are current \_\_\_\_\_ (Please attach a copy of the immunization record if the student is new to Albuquerque Academy or if any additional immunizations have been given.)

Health Care Provider Name (Please Print) \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Address \_\_\_\_\_ Phone \_\_\_\_\_

**ACKNOWLEDGMENT OF INJURY RISKS,  
 MATURITY STATEMENT FOR CONTACT SPORTS,  
 AND PERSONAL MEDICATION NOTIFICATION**

1. I/We, the parent(s)/guardian(s) and the student, are aware that preparation for and participation in interscholastic athletics involves many risks of serious and permanent injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in any physical activity that may involve vigorous physical contact. We also understand that the likelihood of injury increases in contact sports in those students who are not of a comparable physical maturity level with other participants. We have discussed any concerns we may have about our child's maturity level with our health care provider.
2. I/We, the parent(s)/guardian(s) and the student, hereby state that the medical history has been reviewed and that the questions are accurate to the best of our knowledge. We have also completely read, understand, and agree to all of the above mentioned statements and their content.
3. I/We, the parent(s)/guardian(s) give permission for any information contained within this form to be shared with faculty or staff members of Albuquerque Academy working with my/our child.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

