

REQUIRED Physical Exam & Medical Clearance for Stevenson Marching Band Members

Parent Instructions

- This form is due **no later than Monday August 12, 2019**. Your child will not be permitted to attend away band camp unless this form has been completed to the satisfaction of the camp Health Care Officer. **MANDATORY FOR ALL MARCHING BAND MEMBERS**
- **MUST be fully completed by an MD/DO/PA/NP on or after April 15, 2019**. Absolutely no exceptions to this requirement, even if it means the student needs to get a second physical in 2019-20
- Signature and date is REQUIRED from medical examiner
- Make and keep a photocopy of this form for your records, then turn in the original to the band
- Marching Band members **MAY** substitute a MHSAA form, as required by athletics, if the student is planning to also participate in a UCS sport



Printed Student Name: _____ Date of Birth: _____

Printed Parent / Guardian Name: _____ Phone Number: _____

IMPORTANT: A current year physical is one completed on or after APRIL 15, 2019

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: _____ / _____ Pulse: _____
 Vision: R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing		
Lymph nodes		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)		
Pulses: Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional Duck Walk		

RECOMMENDATIONS: _____

I certify that I have examined the student named above and clear him/her as being able to participate in activities for Marching Band

Printed Examiner Name: _____ Exam Date: _____ Phone: _____

Examiner Signature: _____ (Check One): MD DO PA NP

Office Stamp: _____

