

**This form can be used by your child's pediatrician if they do not automatically print one of their prefilled forms after your child's exam. *Otherwise this does not need to be completed.***

**To be Completed by Physician:** *(If new to ILS, entering K, 4th or 7th grade or intending to participate in sports)*

Name of Examiner *(please print)* \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

Date of Exam \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Immunizations**

Please attach the most current immunization record.

Is child under care at this time?      Y      N

If yes, please explain: \_\_\_\_\_

**Recommended for School**

Special Seating Recommended      Y      N

Medical Treatment at School      Y      N

**Recommended for Sports** *(check one)*

\_\_\_\_\_ Full Unlimited Participation

\_\_\_\_\_ No Participation

\_\_\_\_\_ Limited Participation

\_\_\_\_\_ Clearance withheld until \_\_\_\_\_

**Physical Findings**

Height \_\_\_\_\_ Chest/Lungs \_\_\_\_\_

Weight \_\_\_\_\_ Heart \_\_\_\_\_

B/P \_\_\_\_\_ Abdomen \_\_\_\_\_

Pulse \_\_\_\_\_ Hernia \_\_\_\_\_

Eyes \_\_\_\_\_ Lymph Nodes \_\_\_\_\_

Snellen \_\_\_\_\_ Genitalia \_\_\_\_\_

Cover Test \_\_\_\_\_ Neurology \_\_\_\_\_

ENT \_\_\_\_\_ Scoliosis \_\_\_\_\_

**Orthopedic Exam** *(for sports participation)*

RCM \_\_\_\_\_

Back \_\_\_\_\_

Neck/Shoulder \_\_\_\_\_

Upper Extremities \_\_\_\_\_

Lower Extremities \_\_\_\_\_

**NOTES:**

**Parent's or Guardian's Permission for Interscholastic Sports Activities**

I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on this form by the physician. I also give my consent for him/her to accompany the team in its travels to practices, games or related activities sponsored by the school and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice such as medical care as is reasonably necessary for the welfare of the student, if she/he is injured in the course of school athletic activities. I also give consent for the school nurse or administrator to contact the child's physician concerning health issues.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_