

# STUDENT HEALTH REVIEW/EXAM

**SECTION B: To be completed by physician, physician assistant or advanced nurse practitioner**

*This form to be sent to the school (do not send to ASAA)*

<b>Student Last Name</b> <input style="width:90%;" type="text"/>	<b>Student First Name</b> <input style="width:90%;" type="text"/>	<b>MI</b> <input style="width:80%;" type="text"/>	<b>Date of birth</b> <input style="width:90%;" type="text"/>	<b>Grade</b> <input style="width:90%;" type="text"/>
<b>Height</b> <input style="width:90%;" type="text"/>	<b>Weight</b> <input style="width:90%;" type="text"/>	<b>Blood Pressure</b> <input style="width:90%;" type="text"/>		<b>Pulse</b> <input style="width:90%;" type="text"/>
<b>Vision — Right Eye</b> <input style="width:90%;" type="text"/>	<b>Vision — Left Eye</b> <input style="width:90%;" type="text"/>	<b>Vision Corrected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Pupils</b> <input style="width:90%;" type="text"/>

	NORMAL	ABNORMAL FINDINGS	INITIALS
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

**Clearance:**     Cleared  
 Cleared after completed evaluation/rehabilitations for (Specific Sports): \_\_\_\_\_  
 Not cleared for:     Collision     Contact     Noncontact     Strenuous  
    Moderately Strenuous     Nonstrenuous

Due to: \_\_\_\_\_

<b>Name of M.D., P.A. or ANP (circle which)</b> <input style="width:90%;" type="text"/>	<b>Signature</b> <input style="width:90%;" type="text"/>	<b>Date</b> <input style="width:90%;" type="text"/>
--	---	--

<b>Address</b> <input style="width:90%;" type="text"/>	<b>Phone</b> <input style="width:90%;" type="text"/>
---	---

**ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.**  
4048 Laurel Street, Suite 203 • Anchorage, AK 99508 • (907) 563-3723 • Fax 561-0720 • www.asaa.org

2014-15