

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name KRISHA S NAIDU Date of Birth 03/11/2011

IHSAA Member School CREEKSIDE MIDDLE SCHOOL

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the last 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or use any other appearance/performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms?



2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION			
Height	<u>5'0.7"</u>	Weight	<u>99.2</u>
		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
BP	<u>102/66</u> (/)	Pulse	<u>74</u>
Vision	R 20/	I. 20/	
Corrected?	Y	N	
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance	<input checked="" type="checkbox"/>		
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat			
• Pupils equal			
• Hearing			
Lymphnodes			
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			
• MSV, lesions suggestive of MRSA, tinea corporis			
Neurologic			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck	<input checked="" type="checkbox"/>	Knee	<input checked="" type="checkbox"/>
Back		Leg/ankle	
Shoulder/arm		Foot/toes	
Elbow/forearm		Functional	
Wrist/hand/fingers		• Duck-walk, single leg hop	
Hip/thigh			

☒ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
☐ Not cleared ☐ Pending further evaluation ☐ For any sports

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____

Address _____

Signature of Health Care Professional _____

Phone _____

License # _____

MD, DO, PA, or NP (Circle one)

Date

3/13/2024

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