## SOUTHERN REGIONAL HIGH SCHOOL 90 CEDAR BRIDGE ROAD MANAHAWKIN, NEW JERSEY 08050

Athletic Deparment Fax: 609-978-5396 FAX COVER SHEET

Dr. Vassin FROM: Cathy - achlitics office

TIME: 240pn

NUMBER OF PAGES: 5 Pages

Please Complete physical fams. return to face 978-5396.

IF PROBLEMS OCCUR DURING TRANSMISSION PLEASE CALL BACK AS SOOON AS POSSIBLE AT 609-597-9481, EXT 4319 AND LEAVE A MESSAGE.

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## ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Evaluation Form
(Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-		
	<del></del>	Basket Sail
Student's Name Kayla Llovan	·	Sport(s):
Sex M.E. (circle one) Age: / P G	rade: <b>C</b>	Daize of Birting
Student's Name:  Sex: M. D. (circle one). Age:		
City/State/7/p: Vgrahaulu		District:
School:		
Parent/Guardian's Full Name:		
- EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-		
· · · · · · · · · · · · · · · · · · ·		
If conducted by school physician check here I	<b>.</b>	
Name:	<u>.</u> —	Phone: Fax:
Address:	_	City/State/Zip:
- FINDINGS OF PHYSICAL EVALUATION -		
- FINDINGS OF PHYSICAL EVACUATION		
Height Weight		Blood Pressure:Pulse:bpm.
Vision: R.20/L20/C	orected: Y/N	Contacts; Y/N Glasses: Y/N
Vision: H. 201 C. 201		
NDICATORS.	NORMAL?	ABNORMAL FINDINGS/COMMENTS
(Implottion)		
General Appearance	YES	
Head/Neck	YES .	
Eyes/Sciena/Pupils	YES	
Ears	YES	
Gross Hearing	_ <u>YES</u>	
Nose/Mouth/Threat	YES	
Lymph Glands	YES	
Cardiovascular	YES	<u> </u>
Heart Rate	YES _	
- Rhythm	YES	\
	ABSENT	Residence Softer No Change
Momar If momor present		Standing makes it. Course
If Ithat here it is a second of the second o		Squatting makes it Louder Softer No Change
		Volsalya makes it Louder Softer No Change
	YES	
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	<u> </u>
Abdomen (liver, spleen, masses) Assessment of physical maturation or	YES	
Assessment of physical main about of		
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	<u> </u>
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength,	YES	
Stahlith/	YES	
Lower Extremities; (ROM, Strength,	155	
Stability\	· YES	
Neurological: Balance & Coordination	ABSENT	
Hemia	ABSENT	