| HQ Physical | Y\Y\(| Student's name ination 10-19-2 | | In file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. r D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The HSAA Physicians Certificate (Form 5 Rev. 2018) must be used. A physical exam will satisfy the equirement for one calendar year through the end of the month from the date of the exam. For xample, a physical given on May 5, 2019, will satisfy the requirement through May 31, 2020. |
|-----------------------------|-----------|--------------------------------|--|---|
| | LIMITED | Height 2.99 | Weight 14 | 4165 BP 116 70 Pulse 43 |
| COMPLETE | | Vision R 20 / L 20 | 0 / Corre | cted (V) N Sels eye doctrosed 2018 |
| | | | Normal | Abnormal Findings |
| | | Cardiovascular | V | |
| | | Pulses | | |
| | | Heart | | |
| | | Lungs | | |
| | | Skin | V | |
| | | E.N.T. | V | |
| | | Abdominal | V | |
| | | Genitalia (males) | nla | |
| | | Musculoskeletal | The same | |
| | | Neck | | |
| | | Shoulder | 1/ | |
| | | Elbow | | |
| | | Wrist | | - |
| | | Hand | | |
| | | Back | 1 | |
| | | Knee | 1 | |
| | | Ankle | V | |
| | | Foot | V | |
| | | Other | | |
| Clearance | (A. B. | Not cleared for: | Collision Contact | ehabilitation for: Strenuous Moderately strenuous Nonstrenuous |
| Due to: | | | | |
| | | | | HH Hazel Green Pediatrics 13596 Hwy 231/431 N Suite 2 Hazel Green, AL 35750 |
| Name of particles Address _ | 135 | 96 Hwy 2 | Lat V 131 43 Octobe signed and dat | Date 2 10 202 Statlactic (New Phone 286 4254950) ed by the attending physician.) |