

**ARIZONA PROJECT CHALLENGE  
PHYSICAL EVALUATION FORM**

**Part A: Physical Examination  
(To be completed by examining physician)**

Examination Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Sex: M F (Circle One)  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Parent/Guardian's Full Name: \_\_\_\_\_

**PHYSICIAN INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State Zip: \_\_\_\_\_

**EVALUATION INFORMATION -PLEASE COMPLETE BOTH PAGES**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_ bpm.

INDICATORS	NORMAL? Y OR N	ABNOMAL FINDINGS/COMMENTS
Head/Neck		
Eyes/Sclera/Pupils		
Ears		
Nose/Mouth/Throat		
Heart: Murmurs/Rhythms		
Lungs: Auscultation/Percussion		
Chest Contour		
Skin		
Abdomen: Assessment (incl. liver, spleen)		
Tanner Stage: Testes/Onset of Menses		
Neck/Back/Spine: Range of Motion:		
Scoliosis:		
Upper Extremities:		
Lower Extremities:		
Neurological: Balance/Coordination: Romberg:		
Heel Walk:		
Tandem Walk:		
Nose Touch:		
Toe Walk:		
Hernia:		

Most recent immunizations and the dates:
Medications currently being used:
Additional Observations:

General Diagnosis: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**CLEARANCES**

Applicant MAY participate in the following sports: (Check ALL that apply)

Contact/Collision                       Non-Contact/Strenuous  
 Limited Contact                       Non-Contact/Non-Strenuous

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT			
Contact/Collision	Limited Contact	Non-Contact	
		<u>Strenuous</u>	<u>Non-Strenuous</u>
Football	Baseball	Running	
Soccer	Basketball	Marching	
Wrestling	High Jump	Push-up	
	Gymnastics	Sit-up	
	Softball	*Strength Training	
	Volleyball	Swimming	
		Track	

Applicant MAY participate in the following sports: ONLY AFTER completing evaluation/rehabilitation:

Contact/Collision                       Non-Contact/Strenuous  
 Limited Contact                       Non-Contact/Non-Strenuous

Please specify each condition requiring clearance before participating in a sport in the classification check above: \_\_\_\_\_

*Conditions requiring clearance before sports participation include, but are not limited to: Atlantoaxial instability, Bleeding disorder, Hypertension, congenital heart disease, Dysrhythmia, Mitral valve prolapses, Heart murmur, Cerebral palsy, Diabetes mellitus, Eating disorders, Heat illness history, One-kidney athletes, Hepatomegaly, Splenomegaly, Malignancy, History of repeated concussion, Organ transplant recipient, Cystic fibrosis, Sickle cell disease, and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.*

EXAMINED BY:  
 Family Physician/Provider (Circle one)  
 MD  DO  NP  PA

Physician's/Provider's Stamp:

Physician's/Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The physician shall provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in Arizona Project ChalleNGe based on this medical report. Please attach this form to the notification letter and ensure that this report is made part of the student's permanent health record.