

### Admissions Checklist

- Application submitted online at [www.forestlakeacademy.org](http://www.forestlakeacademy.org)
- Lifestyle Commitment Contract
- Parent Acknowledgements
- Notice of Drug and Substance Abuse Policy
- OTC Medication Permission Form
- Consent for Treatment/Medication & Field Trip Permission - **NOTARIZED**
- Copy of Health Insurance - both sides
- Two Recommendations
- Financial Clearance Form
- Copy of latest Report Card or High School Transcript
- Copy of most recent standardized test scores (e.g. ITBS, FCAT, EXPLORE)
- Copy of Birth Certificate
- Immunization Record
- Physical
  - ALL New students** must have a new school physical prior to the beginning of the school year
  - ALL Dorm students** must have a school physical prior to the beginning of **each** school year
  - ALL Varsity tryouts** students must have a sports physical (form included in this packet) dated on or after June 1

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## Lifestyle Commitment Contract – (Page 1 of 2)

Student's Name: \_\_\_\_\_

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

Forest Lake Academy is a Christian school, striving to maintain the highest moral standards of behavior while expecting the highest level of academic performance. FLA is committed to providing an education that addresses the four goals of true education: Spirituality, Scholarship, Sportsmanship, and Service.

### Preamble

By attending FLA you have chosen to adopt a Christian lifestyle. Each student agrees to accept the moral responsibility associated with the education in a Christ-centered school, whether on or off campus. FLA knowingly accepts and retains only students who are willing to make this commitment. It is hoped that adherence to this commitment while you are at FLA will extend beyond the years spent here to become a lifetime commitment to the eternal principles of honor, integrity, and morality.

### Pledge

As a student of FLA, I pledge to support the school's efforts to provide a positive, safe and orderly environment by first promising to read, become familiar with, and follow the policies outlined in the Student Handbook, and secondly, by choosing to be a student who both on and off campus adheres to the following:

### Attendance

Regular attendance and punctuality are expected from every student. I am aware of the FLA Attendance Policy as defined in the FLA Student Handbook and I will strive to uphold it by:

- \* Being in class regularly and on time
- \* Being responsible for addressing and resolving any attendance or punctuality irregularities in a timely manner
- \* Maintaining an acceptable attendance grade (Nothing lower than a C)
- \* Accepting the responsibility and submitting to the consequences of my failure to meet this commitment

### Dress

FLA adheres to a dress code that addresses the need for dress code parameters in a school setting while allowing for student individuality. I am aware of the FLA Dress Code as defined in the Student Handbook and I will strive to uphold it by:

- \* Dressing in a manner that honors the letter as well as the spirit of the Dress Code
- \* Being in Dress code during the entire school day and on all school-sponsored activities
- \* Accepting the responsibility and submitting to the consequences of my failure to meet this commitment

### Honesty

The Honesty Policy is intended to reaffirm our commitment to excellence, to maintain the integrity of our curriculum, and to honor the diligent efforts of all FLA students and graduates. I am aware of the FLA Honesty Policy as defined in the FLA Student Handbook and I will strive to uphold it by:

- \* Maintaining the highest level of personal integrity and honesty in all my academic work
- \* Refraining from submitting any work for personal credit that is not a product of my personal effort, copying, duplicating, plagiarizing, or any other similar dishonorable practices are not acceptable
- \* Accepting the responsibility and submitting to the consequences of my failures to meet this commitment

### Academics

The curriculum and assessment methodologies of FLA are intended to challenge the mind and waken the inner motivation to excel. Mediocrity is not an acceptable measure of performance. I am aware of the FLA Academic expectations as defined in the FLA Student Handbook and I will strive to uphold it by:

- \* By striving to give my best effort at all my classes
- \* Investing the time and effort necessary to succeed to the best of my ability
- \* Accepting the responsibility and submitting to the consequences of my failure to meet this commitment

**Lifestyle Commitment Contract – (Page 2 of 2)**

Student's Name: \_\_\_\_\_

**Lifestyle**

The word *honor* is defined as, "a keen sense of right and wrong; adherence to action or principles considered right; integrity." The word *integrity* is defined as, "the quality or state of being of sound moral principles; uprightness, honesty, and sincerity." The word *moral* is defined as, "capable of making the distinction between right and wrong in conduct."

- \* Practice principles of honesty, integrity and morality
- \* Seek to develop physical, mental and spiritual energies to serve and honor God
- \* Respect and protect the right of all people
- \* Pledge to make consistent and lasting progress toward achieving my highest academic potential
- \* Refuse to use or support the use of tobacco, alcohol or drugs
- \* Endeavor to influence and assist fellow students in supporting these ideals

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Parent Acknowledgments**

Student's Name: \_\_\_\_\_

**Policies:**

We acknowledge we have read and agree to uphold the guidelines and policies outlined in the Forest Lake Academy Handbook (available at [www.forestlakeacademy.org](http://www.forestlakeacademy.org)).

**Parent's Initials:** \_\_\_\_\_

**Acknowledgments:**

We confirm all information provided by students and parent/guardian on this application is true.

**Parent's Initials:** \_\_\_\_\_

We understand all pictorial images taken by or for the school of the student are property solely and completely of Forest Lake Academy, and we authorize Forest Lake Academy to use these images without compensation.

**Parent's Initials:** \_\_\_\_\_

We acknowledge responsibility for our student's healthcare incurred in the case of accident or injury at a Forest Lake Academy sponsored event, including balances for treatment/care exceeding the Student Accident Insurance Policy coverage of up to \$500.00.

**Parent's Initials:** \_\_\_\_\_

We understand the Forest Lake Academy campus, including the dorms, is closed during all breaks and other arrangements for lodging must be made.

**Parent's Initials:** \_\_\_\_\_

We understand Forest Lake Academy utilizes Renweb to communicate grades, homework, attendance, and other updates regarding student's academic progress.

**Parent's Initials:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date

## Notice of Drug and Substance Abuse Policy

Student's Name: \_\_\_\_\_

I am aware of Forest Lake Academy's Substance Use/Abuse policy, which prohibits the illegal use, possession, and/or distribution of contraband substances—including alcohol, tobacco, prescription and non-prescription drugs, and illegal drugs. Any other substance used in a manner inconsistent with its labeling in order to "get high" or create some similar physiological or emotional response would also be included under this policy.

I am aware that this policy specifically permits searches of students when there is sufficient reason, in the opinion of school administration, to suspect the student may be involved with or possess any substances described above. If a search takes place, it will be conducted in accordance with the school's inspection and search policy and may include student clothing, purses, lockers, backpacks, parcels or bags, lunch boxes, desks, dorms, work areas, personal vehicles, or any other personal property in the possession of the student or on school property. Searches may be conducted by school administrative personnel or law enforcement personnel, and may include the use of specially trained drug detection animals.

I am aware that Forest Lake Academy may, at its sole discretion and when there is in the opinion of school administration sufficient cause to suspect drug use, require students to undergo drug testing. Such testing will be conducted at the school or at a licensed drug testing facility and may include urine, saliva and/or hair testing, depending on the situation. Students who participate in any of the school's interscholastic athletic programs may be subject to random drug testing, independent of any specific suspicion of actual drug use.

I understand that if a student tests positive for illegal drug use, or is in violation of any of the policies related to drug, alcohol or tobacco possession, use, or distribution, the following procedures will be implemented:

1. Parents or guardians will be notified of the situation.
2. School administration and counselor will meet with the parents to discuss options for addressing the situation.
3. Depending on the situation and the response of the student, an intervention program may be offered to assist the student to remove himself or herself from any connection with drug use and the attendant lifestyle.
4. Conditions of such an offer would include, among other things:
  - a) A stated desire on the part of the student and parents that the student remains at Forest Lake Academy.
  - b) A stated desire to turn away from drug use and/or the drug culture.
  - c) A willingness to participate in any required drug counseling program.
  - d) A willingness to submit to random drug testing for a time period established by school administration.

I understand that refusal to allow such searches as described above, or to submit to drug testing when requested, may result in the student being asked to withdraw from school.

I authorize Forest Lake Academy to release test information and results as necessary to (i) make decisions regarding appropriate corrective actions and/or my continued enrollment at Forest Lake Academy, (ii) in response to any disputes, claims or administrative or judicial proceedings commenced by the student or on behalf of the student challenging the test and/or any corrective actions taken by Forest Lake Academy as a result of the test, and (iii) as otherwise required by law. I release Forest Lake Academy, the Florida Conference of Seventh-day Adventists, and all of their officers, employees, attorneys, representatives, and/or agents from any and all claims, damages, or liabilities arising out of the taking or testing of any specimens and communicating the results pursuant to this notice and authorization.

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Parent/Guardian Signature

Printed Name

Date

### Over-the-counter (OTC) Medication Permission Form

Please complete this form to allow middle school and academy students to self-administer certain over-the-counter medications, such as Tylenol, Acetaminophen, Motrin, Advil, Ibuprofen, Midol, Aspirin, Antacid, and cough and throat lozenges. The student and parent will be responsible for the following:

1. Obtaining, reading, and signing this written permission form before the student is allowed to self-administer over-the-counter medications.
2. Ensuring the medication must be in its original container and legibly labeled with the student's full name.
3. Reminding the student he/she is not permitted to give his/her medication to other students.
4. Ensuring that the licensed school nurse or school administrator has a copy of this signed permission form on file in the clinic/office.

Student's Name \_\_\_\_\_

Name of Medication \_\_\_\_\_

- I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the School, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, district, employees, and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request. I accept legal responsibility for my child should the above medication be lost, given or taken by a person other than the above named student. If this should happen, the privilege of carrying medication will be revoked. I further release the Florida Conference of SDA and its employees of any legal responsibility when the above student administers his/her own medication.

Parent/Guardian Signature

Parent Printed Name

Date

After you e-sign the pages in this packet you will receive an email with a copy of this packet for your records. In order to finish your application, you will have to print and complete pages 8-12, and return them to:

Forest Lake Academy – Admissions  
500 Education Loop, Apopka, FL 32703

- Consent for Treatment/Medication & Field Trip Permission - **NOTARIZED**
- Copy of Health Insurance - both sides
- Two Recommendations
- Financial Clearance Form
- Copy of latest Report Card or High School Transcript
- Copy of most recent standardized test scores (e.g. ITBS, FCAT, EXPLORE)
- Copy of Birth Certificate
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**Consent for Treatment/Medication & Field Trip Permission - This form must be NOTARIZED**

Student's Name: \_\_\_\_\_

**● Parental Consent for General Medical Treatment**

I, the undersigned Parent/Guardian of \_\_\_\_\_ (student's name), do hereby consent and authorize Forest Lake Academy and its representatives, in the event of an accident or illness or school premises, or any school-sponsored activity or trip, to secure medical or surgical diagnosis, treatment, and hospital service, which may be required by said minor. The Academy, using its discretion, may engage a licensed physician for diagnosis or treatment, at a licensed hospital, or at any other place. The undersigned agree to indemnify and save harmless Forest Lake Academy for any and all claims, expenses, or other forms of liabilities incurred by reason of action taken in procuring medical services for said minor. It is further understood that this consent is given in advance of any specific diagnosis, treatment, or need which might be required prior to the undersigned being notified. This consent gives Forest Lake Academy or the physician the right to exercise their best judgment as to the immediate medical requirements of such diagnosis or treatment. I do also hereby consent to treatment, which may be rendered to said minor by the school nurse while functioning in the capacity and limitation of a Registered Nurse exercising his/her best judgment as to the need for such treatment.

**● Parental Consent for Medication**

I, the undersigned, understand the school nurse of Forest Lake Academy or other designated personnel by the school may administer medication to my child as per their standing orders for over-the-counter medications (e.g. Tylenol, Advil, Sudafed) or other as prescribed by another physician. I give my permission with the following restrictions: (please check **one**)

- I give consent to the above without restrictions
- I give consent with the following restrictions: \_\_\_\_\_

**● Insurance**

- My student **does not** have health insurance
- My student has health insurance (**Please attach a copy of both sides of the insurance card**)

Name of insurance: \_\_\_\_\_ Policy# \_\_\_\_\_

**● Primary Emergency Contact**

Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Relation to student \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

**● Parental Consent for Field Trip**

I, the undersigned, give permission for my child to participate on school-sponsored field trips via school bus, school vehicle or authorized automobile.

Parent Signature

Parent Printed Name

Date

**Notary Area** - This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_ who is personally known to me

\_\_\_\_\_ whose identity I proved on the basis of: \_\_\_\_\_

(Seal)

Notary



**Student Recommendation**

**Instructions:** Prospective students need two (2) recommendations; one (1) from a current teacher, one (1) from the school administration (e.g. Principal, VP, Guidance Counselor).

**Student Name** \_\_\_\_\_ **Applying for Grade:** 9/ 10 /11/ 12

The above named student is applying for admission to Forest Lake Academy. Please complete this form and return as soon as possible to: Forest Lake Academy - Admissions, 500 Education Loop, Apopka, FL 32703. This form can be faxed to 407-862-7050 or emailed to Claudia Osorio at [osorioc@forestlake.org](mailto:osorioc@forestlake.org)

How long have you known the applicant?  1-2 years  3-4 years  5+ years  
 When was your last interaction with the applicant?  Current  1 year ago  2+ years  
 In what capacity have you known the applicant?  Principal  Current Teacher \_\_\_\_\_

**How would you rate the applicant in the following areas?**

	Very Good	Average	Poor	Don't Know
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To your knowledge, has the applicant ever used:**  Alcohol  Illegal Substances  Tobacco  None

**To your knowledge, has the applicant been suspended or dismissed from school, arrested, or on probation?** (If so, please explain – use back if more space is required)

\_\_\_\_\_

**To your knowledge, has the applicant ever been evaluated and/or placed on an Individual Educational Plan (IEP)?** (If so, please explain – use back if more space is required)

\_\_\_\_\_

**What are the first 3 words that come to mind to describe this student?**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Do you recommend this student?

Yes, without reservation  Yes, with reservation  No, not at this time

Please comment:

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Organization Name \_\_\_\_\_ Position \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**Student Recommendation**

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How long have you known the applicant?  1-2 years  3-4 years  5+ years  
 When was your last interaction with the applicant?  Current  1 year ago  2+ years  
 In what capacity have you known the applicant?  Principal  Current Teacher \_\_\_\_\_

**How would you rate the applicant in the following areas?**

	Very Good	Average	Poor	Don't Know
Christian influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindness and courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To your knowledge, has the applicant ever used:**  Alcohol  Illegal Substances  Tobacco  None

**To your knowledge, has the applicant been suspended or dismissed from school, arrested, or on probation?** (If so, please explain – use back if more space is required)

\_\_\_\_\_

**To your knowledge, has the applicant ever been evaluated and/or placed on an Individual Educational Plan (IEP)?** (If so, please explain – use back if more space is required)

\_\_\_\_\_

**What are the first 3 words that come to mind to describe this student?**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Do you recommend this student?

Yes, without reservation  Yes, with reservation  No, not at this time

Please comment:

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Organization Name \_\_\_\_\_ Position \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_





Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

**Part 1. Student Information (to be completed by student or parent)**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

**FEMALES ONLY (optional)**

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_/\_\_\_ (\_\_\_/\_\_\_, \_\_\_/\_\_\_)
Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_ F \_\_\_ left: P \_\_\_ F \_\_\_
Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation
\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
\_\_\_ Precautions: \_\_\_\_\_
\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

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

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

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

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*



This is the last page of the supplemental forms packet.