

All Stars Martial Arts Academy PRE GRADING PARTICIPATION PHYSICAL EVALUATION & PHYSICAL EXAMINATION FORM

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____

Pulse _____ BP _____ / _____ (_____ / _____, _____ / _____)
brachial blood pressure while sitting

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to attempting a martial arts type or similar grading.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for ;

Not cleared for:

Reason:

Recommendations:

The following information must be filled in and signed by either a Physician or Doctor of Medicine. Examination forms signed by any other health care practitioner, will not be accepted.

Name of Examiner _____ Date of Examination: _____

Address: _____

Phone Number: _____ Signature: _____

Additional Comments

Must be completed before a student participates in any grading, (both in-season and out-of-season). This form must be handed in to the centre in which grading is to be attempted no later than on the morning of grading. This form must be no older than 7 days old or you will be required to obtain another medical examination certificate on the day time permitted.