

YMCA of Austin Healthy Living Programs – Physical evaluation

Child's name _____ Sex _____ Age _____

Date of birth _____ Home Phone: _____ Caregiver Name: _____

Height _____ Weight _____ BMI (optional) _____ Pulse _____ BP ____/____(____/____,____/____)

Home Address: _____

This **physical examination form** must be completed prior to participation.

	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			
Genitalia (males only)			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

Children who participate in Y Healthy Living Programs should be able to participate safely in moderately vigorous physical activity. The physical effort required will gradually increase as children become more physically fit. Please be sure the child has no conditions, such as respiratory, cardiac, or orthopedic conditions, **that would prevent safe participation. Overweight and obese children may be at increased risk for depression, eating disorders, or other mental health conditions. Such children may require individual counseling about weight. Please consider whether these conditions are present.**

CLEARANCE

Cleared Not cleared for: _____

Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician or their designee.

Name (print/type): _____ Date of Examination: _____

Address: _____

Phone Number(s): _____ Signature: _____

Please fax this form to:
YMCA of Austin
512-478-8065 (fax)

Or Email the form to:
ProgramServices@Austinymca.org
512-236-9622 (Phone)