PHYSICAL EXAMINATION

AGE: _____ HEIGHT: _____ WEIGHT: _____

BLOOD PRESSURE: _____ PULSE: ______

VISUAL ACUITY: L ______  R _______

PREVIOUS CONCUSSION(S): YES ___ NO______

MINIMUM WEIGHT: (Required for Wrestling)

I recommend that the pupil designated above should not be allowed to wrestle at any weight less than the indicated classification checked below:

<table>
<thead>
<tr>
<th>HIGH SCHOOL:</th>
<th>103</th>
<th>112</th>
<th>119</th>
<th>125</th>
<th>130</th>
<th>135</th>
<th>140</th>
<th>145</th>
<th>152</th>
<th>160</th>
<th>171</th>
<th>189</th>
<th>215</th>
<th>275</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIDDLE SCHOOL:</td>
<td>80</td>
<td>86</td>
<td>92</td>
<td>98</td>
<td>104</td>
<td>110</td>
<td>115</td>
<td>120</td>
<td>125</td>
<td>130</td>
<td>137</td>
<td>145</td>
<td>154</td>
<td>164</td>
</tr>
</tbody>
</table>

ASSESSMENT: _____ FULL PARTICIPATION (to include HS sports for 9th graders)

_____ LIMITED PARTICIPATION (describe restrictions)

PARTICIPATION CONTRAINDICATED (LIST REASONS):

RECOMMENDATIONS (EQUIPMENT, TAPEING, REHABILITATION, ETC):

DATE: _______________  EXAMINER’S SIGNATURE: ____________________________

EXAMINER’S PHONE: __________  PRINT EXAMINER’S NAME: ___________________