

PREPARTICIPATION PHYSICAL EVALUATION - PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____
 Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal
 As a minimum requirement, this Physical Examination Form must be completed prior to junior high participation and again prior to first and third years of high school participation. It must be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * Local district policy may require an annual physical exam.

MEDICAL **INITIALS***

MEDICAL	INITIALS*
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) if indicated	
Skin	
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)	

Neck	Back	Shoulder/Arm	Elbow/Forearm	Wrist/Hand	Hip/Thigh	Knee	Leg/Ankle	Foot

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, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.
 Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/