



Pre-participation Physical Evaluation

Students Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ 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 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			
Lunges			
Abdomen			
Genitalia (males only)			
Skin			
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, a Physician Assistant licensed by a State Board of Physician Assistant Examiners.

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

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice or game(both in-season and out of season)