



"Where every student is a Champion!"

## PRE-PARTICIPATION PHYSICAL EVALUATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>Date of Examination:</b> _____				<b>Height:</b> _____				<b>Weight:</b> _____				<b>Pulse:</b> _____				<b>BP:</b> _____			
<b>Vision:</b> R20/ _____				L20/ _____				<b>Pupils:</b> ___Equal ___Unequal				<b>Glasses/Contacts:</b> ___Yes ___No							
		<b>NORMAL</b>		<b>ABNORMAL FINDINGS</b>								<b>INITIALS</b>							
<b>MEDICAL</b>																			
Appearance																			
Skin																			
Eyes/Ears/Nose																			
Throat/Oropharynx																			
Lymph Nodes																			
Heart																			
Pulses																			
Lungs																			
Abdomen																			
Genitalia/Hernia																			
<b>MUSCULOSKELETAL</b>																			
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: \_\_\_\_\_

Name of physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician: \_\_\_\_\_ MD / DO / NP / PA-C