PREPARTICIPATION PHYSICAL I	EVALUATION PHYS	SICAL EXA	MINATION		
Student's Name		Sex	_ Age	Date of Birth	
Height Weight	% Body fat (optional)	Pulse	BP/_ (_/_ brachial blood p	ressure while sitting
Vision: R 20/ L 20/	Corrected:	□ Y □	N	Pupils:	Unequal
As a minimum requirement, this P prior to first and third years of high the student's MEDICAL HISTORY FOR	h school participation.	It must be	e completed if	there are yes answers to spec-	ific questions on
	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					
Abdomen				-	
Genitalia (males only) if indicated			JE .		
Skin					
Marfan's stigmata (arachnodactyly,					*:
pectus excavatum, joint					
hypermobility, scoliosis)					
NT 1	T				9
Neck		<u>.</u>			+
Back Shoulder/Arm		-	·		
Elbow/Forearm					
Wrist/Hand					1
Hip/Thigh					
Knee					
Leg/Ankle					
Foot					
*station-based examination only					
CLEARANCE					
□ Cleared					
	(: / L . L :1:4-4:				
☐ Cleared after completing evaluar	tion/renabilitation for:				
□ Not alogued form			Danson:		
□ Not cleared for:					
Recommendations:					
	<u> </u>				
The following information must be	filled in and signed by	oither a Phi	vician a Physi	cian Assistant licensed by a Sta	te Roard of
Physician Assistant Examiners, a R					
E.					e Examiners,
or a Doctor of Chiropractic. Exam			-		
Name (print/type)			_ Date of Ex	amination:	
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/ games/matches.