PREPARTICIPATION PHYSICAL	EVALUATION PH	YSICAL 1	EXAMINATION		
Student's Name		Sex	Age	Date of Birth	
Height Weight					
Vision: R 20/ L 20/		d:			al Unequal
As a minimum requirement, this prior to first and third years of hig the student's MEDICAL HISTORY FO	sh school participation	n. It <i>mu</i> :	st be completed	if there are yes answers t	to specific questions on
	NORMAL		ABNORMA	L 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)					
Skin					
Marfan's stigmata (arachnodactyly,					
pectus excavatum, joint					
hypermobility, scoliosis)					
MUSCULOSKELETAL					
Neck					
Back					
Shoulder/Arm					
Elbow/Forearm					
Wrist/Hand Hip/Thigh					
Knee					
Leg/Ankle					
Foot					
*station-based examination only					
CLEARANCE					
□ Cleared					
☐ Cleared after completing evaluate	tion/rehabilitation for	:			
□ Not cleared for:			Reason:		
Recommendations:					
The following information must be j	filled in and signed by	either a l	Physician, a Phys	ician Assistant licensed by	a State Board of
Physician Assistant Examiners, a Ro			· ·	•	=
or a Doctor of Chiropractic. Exami	_			•	
Name (print/type)				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.