PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION Student's Name _____ Sex ____ Age ____ Date of Birth___ Height _____ Weight____ % Body fat (optional) _____ Pulse ____ BP___/__(__/__, __/__) brachial blood pressure while sitting 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 athletic participation and again prior to first and third years of high school athletic 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. NORMAL ABNORMAL FINDINGS **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 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:

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