

CONTOOCOOK VALLEY REGIONAL HIGH SCHOOL

PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION

Date _____

Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision R 20/_____ L 20/_____ Corrected: Y N Pupils _____

| | NORMAL | ABNORMAL FINDINGS | | | | | INITIALS |
|-----------------|--------|-------------------|---|---|---|--|----------|
| Cardiopulmonary | | | | | | | |
| Pulses | | | | | | | |
| Heart | | | | | | | |
| Lungs | | | | | | | |
| Tanner stage | 1 | 2 | 3 | 4 | 5 | | |
| Skin | | | | | | | |
| Abdominal | | | | | | | |
| Genitalia | | | | | | | |
| Musculoskeletal | | | | | | | |
| Neck | | | | | | | |
| Shoulder | | | | | | | |
| Elbow | | | | | | | |
| Wrist | | | | | | | |
| Hand | | | | | | | |
| Back | | | | | | | |
| Knee | | | | | | | |
| Ankle | | | | | | | |
| Foot | | | | | | | |
| Other | | | | | | | |

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- B. Not cleared for:
 - Collision
 - Contact
 - Non-contact _____ Strenuous _____ Moderately strenuous _____ Non-strenuous

Due to: _____

RECOMMENDATION: _____

NAME OF PHYSICIAN _____ DATE _____
 Address _____ Phone _____

SIGNATURE OF PHYSICIAN _____