

# ANNUAL PRE-PARTICIPATION - 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 \_\_\_

**THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY ACTIVITIES BEFORE, DURING OR AFTER SCHOOL. TO BE CURRENT, A PHYSICAL MUST BE DATED WITHIN THREE MONTHS OF THE STUDENT'S ARRIVAL ON CAMPUS.**

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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 for school activity/athletic participation.  
 \_\_\_ 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 or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioners will not be accepted.*

Physician Name (print/type) \_\_\_\_\_ **Date of Examination:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_