

**\*\*\* This physical is valid only if completed on or after April 1, 2022.\*\*\***

**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 participation and again prior to first and third years of high school 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 | INITIALS* |
|--|--------|-------------------|-----------|
| <b>MEDICAL</b>   |        |                   |           |
| 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) |        |                   |           |

| <b>MUSCULOSKELETAL</b> |  |  |  |
|------------------------|--|--|--|
| 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: \_\_\_\_\_

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.

2022-2023