Physical Examination Form

PRE-PARTICIPATION PHYSICAL EVALUATION — VALID FOR 2 YEARS

Note: This form should be completed by a physician and returned to the school within 30 days of the student entering school. Physical examinations are required for all new students, fourth graders, and seventh graders.

Name: _____ Date of Birth: _____

Date of Examination: _____

Physician should consider the following questions:

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff or dip?
- During the past 30 days, did you use chewing tobacco, snuff or dip?
- Consider cardiovascular symptoms

Height: _____ Weight: _____ BP: _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____

Corrected: ☐ Yes ☐ No

Physical Examination — check Normal or note Abnormal findings:

System	Normal	Abnormal Findings
Appearance		
Eyes, ears, nose and throat		
Lymph Nodes		
Heart		
Lungs		
Abdomen		
Skin		
Musculoskeletal (Neck, Back, Shoulder, Elbow, Wrist, Hip, Knee, Leg, Ankle, Foot)		

Clearance:

☐ Cleared for all sports without restriction for two (2) years.

☐ Cleared for all sports without restriction for two (2) years with recommendation for further evaluation or treatment for: _____

☐ Not Cleared

Recommendations/Comments: _____

Name of Healthcare Professional (type/print): _____

Address: _____

Signature: _____ Date: _____

Phone: _____

This physical is valid for a 2-year period unless otherwise noted by the physician in the “Recommendations” field listed above.