

Pre-Participation Physical Evaluation

PHYSICAL EXAMINATION

Date of examination: _____

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

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

Certified Wrestling Minimum Weight: _____

90% OF ABOVE WEIGHT

Physician's Signature: _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE:

I have on this date, personally examined this pupil, reviewed the history and other data recorded on both sides of this form. I find this student physically able to compete in the interscholastic sports listed below which are NOT crossed out.

Basketball	Cheerleading	Field Hockey	Football	Golf	Lacrosse	Soccer
Baseball	Softball	Tennis	Track & Field	Volleyball	Wrestling	Cross Country

This student is physically able to work in the "Construction Field" at the School of Technology (circle) Yes No

Not cleared for: _____ Reason: _____

Recommendations:

Name of physician (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of physician: _____ MD or DO

TO BE SIGNED BY PARENT AFTER THE PHYSICAL IS COMPLETED:

I have on this date reviewed the data recorded on both sides of this form.

Signature of parent: _____ Date: _____