

PARTICIPATION PHYSICAL EVALUATION REPORT

PHYSICAL EXAMINATION:

NAME: _____ DATE OF BIRTH: _____

HEIGHT _____ WEIGHT _____ % OF BODY FAT (OPTIONAL) _____ PULSE _____ BP _____ / _____

VISION R20/ _____ CORRECTED? Y N PUPILS: EQUAL _____ UNEQUAL _____

MEDICAL	NORMAL	ABNORMAL	INITIALS
APPEARANCE			
EYES/EARS/NOSE THROAT			
LYMPH NODES			
HEART			
PULSES			
LUNGS			
ABDOMEN			
GENITALIA (MALES ONLY)			
SKIN			
MUSCULOSKELETAL			
NECK			
BACK			
SHOULDER/ARM			
ELBOW/FOREARM			
WRIST/HAND			
HIP/THIGH			
KNEE			
LEG/ANKLE			
FOOT			

CLEARANCE:

CLEARED

CLEARED AFTER COMPLETING EVALUATION/REHABILITATION FOR: _____

NOT CLEARED FOR: _____ REASON: _____

RECOMMENDATIONS: _____

NAME OF PHYSICIAN: _____ DATE _____

ADDRESS _____ PHONE _____

_____, MD or DO

MUST BE COMPLETED BY PHYSICIAN BEFORE YOUR CHILD MAY PARTICIPATE IN PRACTICES OR GAME