



Physical Evaluation Form (Rev. 1/2022)

This form is required to be completed for all student athletes before competing in any extra-curricular activities.

The physical examination form is strictly confidential, and a copy of this form must be kept on file attached with student's medical history.

Examinations must be conducted every year according to athletic plans. Include detailed explanation regarding abnormalities or unusual findings.

Student's Name _____ Gender: M F

School _____ DOB _____ Age _____

Parent/Legal Guardian _____

Primary Care Physician/Clinic _____

Conducting Physician/Clinic _____

Conducting Physician's Contact _____

Phone and E-mail address

(All spaces must be filled in)

Height _____ Weight _____ Pulse _____ B.P. _____ / _____

Body Build _____ Skin _____ Body Fat % _____

*If "Not Examined" please provide explanation or reason for non-examination in the abnormal findings section.

Medical Item	Normal	Abnormalities or Unusual Findings	*Not Examined
Eyes/Ears/Nose/Throat			
Teeth/Lymph Nodes			
Heart - Supine / Standing			
Lungs			
Abdomen			
Chest			
Genitalia (male only)			
Other:			
Muscular or Skeletal	Normal	Abnormalities or Unusual Findings	*Not Examined
Neck			
Shoulders			
Back/Spine			
Elbows			
Wrists/Hands			
Hips			
Knees			
Ankles/Feet			

Physician's Signature _____ Date of Exam _____

- Cleared for Participation Not Cleared for Participation
- Cleared for Participation after completing the following, (i.e. rehabilitation etc. additional comments)
