STUDENT ID: _____ VALID FOR SCHOOL YEAR: 2019/2020 [redacted]

Preparticipation Physical Evaluation – Warren High School

PHYSICAL EXAMINATION

Date of Exam _____

Name _____ Sex _____ Age _____ Date of Birth _____
LAST NAME FIRST NAME

Height _____ Weight _____ % Body fat (Optional) _____ Pulse _____ BP _____/_____

Vision R 20/ _____ L 20/ _____ Corrected: **Yes** **No** Pupils Equal _____ Unequal _____

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			

***Station-based examination only**

CLEARANCE

- ☐ **Cleared**
- ☐ **Cleared after completing evaluation/rehabilitation for:** _____

_____

_____

- ☐ **Not Cleared for:** _____ Reason: _____

Recommendations: _____

_____

_____

Name of Approved Medical Provider (print/type/stamp) _____ Date _____

Address _____ Phone _____

Office Stamp

_____, **M.D, D.O., PA-C, RNP (ONLY)**

SIGNATURE OF APPROVED MEDICAL PROVIDER ONLY