

Athletic Participation Physical Evaluation Form

Instructions: This form must be completed by the athlete, parent/guardian, and a licensed medical professional prior to athletic participation.

Part 1: Student-Athlete Information

Student Full Name:

Date of Birth: Age: Gender:

Grade Level: School:

Sport(s) to Participate in:

Home Address:

Parent/Guardian Name: Primary Phone:

Emergency Contact Name: Relationship: Emergency Phone:

Part 2: Medical History Questionnaire

To be completed by the athlete and parent/guardian. Please write "Yes" or "No" and provide details where necessary.

Medical Question	Yes / No	Explanation / Details
1. Have you ever been hospitalized or had surgery?	<input type="text"/>	<input type="text"/>
2. Are you currently taking any prescription or non-prescription medicines?	<input type="text"/>	<input type="text"/>
3. Do you have any allergies (pollen, medicine, food, insects)?	<input type="text"/>	<input type="text"/>
4. Have you ever passed out, fainted, or had chest pain during exercise?	<input type="text"/>	<input type="text"/>
5. Have you ever had a concussion or head injury?	<input type="text"/>	<input type="text"/>
6. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="text"/>	<input type="text"/>
7. Do you use any special protective equipment (braces, orthotics, etc.)?	<input type="text"/>	<input type="text"/>

Part 3: Physical Examination

To be completed by a licensed medical provider.

Height: Weight:

Blood Pressure: Pulse:

Vision - Right Eye: Vision - Left Eye: Corrected? (Yes/No):

Clinical Findings

Medical Evaluation	Normal / Abnormal	Comments / Abnormal Findings
Appearance / Skin	<input type="text"/>	<input type="text"/>
Eyes / Ears / Nose / Throat	<input type="text"/>	<input type="text"/>
Lymph Nodes	<input type="text"/>	<input type="text"/>
Heart (Murmurs, Rhythm)	<input type="text"/>	<input type="text"/>
Lungs / Chest	<input type="text"/>	<input type="text"/>
Abdomen	<input type="text"/>	<input type="text"/>

Medical Evaluation	Normal / Abnormal	Comments / Abnormal Findings
Musculoskeletal (Neck / Back)		
Musculoskeletal (Shoulder / Elbow / Wrist)		
Musculoskeletal (Hip / Knee / Ankle)		

Part 4: Medical Clearance and Approval

Clearance Status (Enter "Cleared", "Cleared with restrictions", or "Not cleared"):

Restrictions / Recommendations (if any):

Name of Licensed Medical Examiner:

Signature of Medical Examiner: Date of Examination:

Clinic/Office Address: Office Phone Number: