

**St Mary's Ryken High School
Pre-Participation Physical Evaluation**

(This page to be completed by physician/nurse practitioner/physician assistant)

PHYSICAL EXAMINATION

NAME _____ DATE OF EXAM _____
 DATE OF BIRTH _____
 HEIGHT _____ WEIGHT _____ % BODY FAT (optional) _____ PULSE _____ BP _____
 VISION R 20/ _____ L 20/ _____ CORRECTED? Y _____ N _____ PUPILS: EQUAL _____ UNEQUAL _____

	NORMAL	ABNORMAL FINDING	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia			
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 [Sport(s)]: _____ Reason: _____

Recommendation: _____

Name of physician/nurse practitioner/physician assistant _____ Date: _____

Address: _____ Phone: _____

Signature of physician/nurse practitioner/physician assistant _____

PHYSICIANS STAMP:

