



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

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

PHYSICAL EXAMINATION

DATE OF EXAM _____

NAME _____ 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: