

South Haven Christian School
PRE-PARTICIPATION PHYSICAL EVALUATION FORM
(This form is to be completed by a licensed physician)

Student Name: _____

Date of Actual exam _____
(This physical will be considered invalid without this date listed)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Vision: Right eye _____ Left eye _____ Corrected Y N Glasses Contacts

Medical History:

Allergies: _____

Asthma: _____

Seizures: _____

Chronic Conditions: _____

Recommendation/Comments: _____

"I hereby certify that this athlete was examined by me. At that time, no physical condition was detected that would reasonably be anticipated to render this athlete unfit to engage in basketball, cheerleading, volleyball or soccer."

Doctor's Signature / Hand Stamp _____

Date: _____

Doctor's Printed Name: _____

If the physical is more than one year old, it is not acceptable.

PHYSICAL EXAMINATION

DATE OF ACTUAL EXAMINATION: _____

Name of athlete: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils (Circle) Equal/Unequal R>L L<R

| | Circle (if option given) | | Specific Findings |
|----------------------------|--------------------------|-----------|-------------------|
| Marfan's syndrome stigmata | No | Yes | |
| Heart | | | |
| Rhythm | Regular | Irregular | |
| Murmur (supine) | No | Yes | |
| Murmur (standing) | No | Yes | |
| | Normal | | |
| Lungs | | | |
| Skin | | | |
| Abdominal | | | |
| Femoral Pulses | | | |
| Genetalia/Hernia | | | |
| Musculoskeletal: | | | |
| Neck | | | |
| Shoulders | | | |
| Elbows | | | |
| Wrists | | | |
| Hands | | | |
| Back | | | |
| Knees | | | |
| Ankles | | | |
| Feet | | | |
| Other | | | |

Clearance: Circle one

- A. Cleared
- B. Cleared after completing evaluation or rehabilitation for the following: _____

C. Not Cleared:
 Due to: _____
 Recommendation: _____

I hereby certify that this athlete was examine by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except those marked:
 Basketball Cheerleading Volleyball Soccer

Please print or hand stand name

Name of physician _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society of Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)