Student Name:

_____

Rule 1, Sec. 14 - In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grades 7-12). The AHSAA Physicians Certificate (Form 5) must be used. **A physical exam will satisfy the requirement for one calendar year from the date of the exam.**

Preparticipation Physical Evaluation

Height _____ Weight _____ BP ____ / ____ Pulse _____

Vision R 20/____ L 20/____ Corrected: Y N

		Normal	Abnormal Findings				
LIMITED	Cardiovascular						
	Pulses						
	Heart						
	Lungs						
	Skin						
COMPLETE	E.N.T.						
	Abdominal						
	Genitalia (males)						
	Musculoskeletal						
	Neck		Flex	EXT	ROT		
	Shoulder		Delt	Sup	IR	ER	ROM
	Elbow		Flex	EXT			
	Wrist		Flex	EXT	PRO	SUP	
	Hand		Grip				
	Back		Sco	Flex	EXT		
	Knee		Hams	Hipflex	QUAD	Exam	
	Ankle		HC				
	Foot						
	Other						

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for:

C. Not cleared for: ❑ Collision

❑ Contact

❑ Noncontact: ____ Strenuous ____ Moderately Strenuous ____ Nonstrenuous

Due to: _____

Recommendation: _____

_____

_____

Name of Physician: _____ Date _____

Address _____ Phone _____

Signature of Physician _____, M.D. or D.O.