

## **Rosary Academy**

## **Pre-Participation Evaluation**

## **PHYSICAL EXAMINATION**

Name:			Date of Birth:	
Height:	Weight:	Pulse:	Blood Pressure:/;/	
Vision: R 20 /	L 20/	_ Corrected:	Y / N Pupils: Equal / Unequal	
MEDICAL	Normal	Abnormal	Explain Abnormal Findings	Initials
Appearance				
Head				
Eyes\Ears\Nose\Throat				
Lymph Nodes				
Heart				
Pulses				
Lungs				
Abdomen				
Skin				
Other				
ORTHOPEDIC	Normal	Abnormal	Explain Abnormal Findings	Initials
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Other				
Comments:				
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			dent as indicated by the items checked above and recomm etic activities as checked below:	ena tnat ti
timete is physically able to	participate in	super viseu atili	etic activities as checked below.	
Full-unlimited pa	rticination			
Cleared after evalu	rticipation ation / rehabilit	ation for:		
No Athletic Partici	pation			
	=			
Physician's Signature:			Date:	

**PHYSICIAN STAMP:** \*If Physician's Assistant (P.A.) or Nurse Practioner (N.P.) performed the exam, name and address of collaborating physician or physician group.