



SPORTS CENTER

Preparticipation Physical Evaluation Form

History

Name _____ Sex _____ Age _____ Date _____
Address _____ Date of birth _____
School _____ 2016-2017 Grade _____ Phone _____
Sport _____

Table with 3 columns: Question, Yes, No. Contains 17 numbered questions about medical history, injuries, and symptoms.

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

Email _____
Address: _____
Rev. 2010

Preparticipation Physical Evaluation

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 (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. **A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam.** For example, a physical given on May 5, 2015, will satisfy the requirement through May 31, 2016.

Physical Examination

COMPLETE	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____	
		Vision R 20 / ____ L 20 / ____ Corrected: Y N	
		Normal	Abnormal Findings
	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
	E.N.T.		
	Abdominal		
	Genitalia (males)		
	Musculoskeletal		
	Neck		
	Shoulder		
	Elbow		
	Wrist		
	Hand		
	Back		
	Knee		
	Ankle		
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.