

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 from the date of the exam.**

Physical Examination

| | | | |
|---------|--|--------|-------------------|
| 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.