

ST HELEN CATHOLIC SCHOOL
Georgetown, TX

Student's Name: _____ **Grade:** _____ **Year:** _____

ATHLETIC DEPT PRE-PARTICIPATION PHYSICAL EXAMINATION

This Physical Examination Form must be completed prior to any type of League athletic participation (including practice).

Height _____ Weight _____ %Pulse _____ BP ____/____ (____/____, ____/____)
 Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal ____ Unequal ____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart-Auscultation of the heart in the supine position		
Heart-Auscultation of the heart in the standing position		
Heart-Lower extremity pulse		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE (Please check one)

- Cleared (NO Restrictions)*
 Cleared after completing evaluation/rehabilitation for: _____
- Not Cleared – Reason:* _____
 Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physicians Assistance licensed by a State Board of Physicians Assistants, or a Registered Nurse recognized as an Advance Practice Nurse by the Board of Nurse Examiners, Examinations forms signed by any other health care practitioner will not be accepted.

Physician Name (print/type) _____

Address: _____ Phone Number: _____

Physician Signature: _____ Date: _____