

St. Lucy's Priory High School

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

Name (Print) _____ Date of Birth _____

Address: _____

Grade _____ Height _____ Weight _____ Pulse _____ BP _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Medical		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulse		
Lungs		
Abdomen		
Skin		
Musculoskeletal		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

Cleared

Not Cleared Reason: _____

Recommendations:

Name of physician (print/type/stamp) _____ Date _____

Address _____ Phone (____) _____

Physician's Signature _____

NO FAXES OR COPIES ACCEPTED.
ONLY ORIGINAL DOCUMENTS SIGNED AND STAMPED BY THE DOCTOR ARE ACCEPTED.