

LIBERTY CHARTER HIGH SCHOOL
PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name _____ Age _____ Date of Birth _____

Examination		
Height	Weight	Male _____ Female _____
BP _____/_____ Vision R 20/____ L 20/____ Corrected Y____ N____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary (Males Only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional		

☐ Cleared for all sports without restriction
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
☐ Not Cleared
 ☐ Pending Further Evaluation
 ☐ For Any Sports
 ☐ For Certain Sports
 Reason _____
 Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to participate in the sport(s) as outlined above.

Name of Physician (Print) _____ Date _____

Signature of Physician _____

Address _____ Phone _____

Office Stamp _____