



PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION

STUDENT NAME (PRINT): _____
 GENDER: _____ AGE: _____ DATE OF BIRTH: _____
 HEIGHT: _____ WEIGHT: _____ % BODY FAT: _____
 PULSE: _____ BLOOD PRESSURE: ____/____ (____/____/____)

Brachial blood pressure while sitting

VISION: R 20/____ L 20/____ CORRECTED: YES ___ NO ___ PUPILS: EQUAL ___ UNEQUAL: ___

In accordance with Memorial Christian Academy policy, all athletes must have a completed sports physical form on file prior to any athletic participation (practice, scrimmage or game). A new sports physical examination is required every year. When visiting your physician, please take a completed copy of the medical history form. Please return both signed copies to the MCA Athletic Director prior to any athletic participation.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart- Auscultation of the heart in supine position			
Heart - Auscultation of the heart in standing position			
Heart - Lower Extremity Pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata			

*Initials for station-based examination only

MUSULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist / Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			
Other			

CLEARANCE

- Cleared for participation
- Cleared for participation after completing evaluation/ rehabilitation for: _____
- Not cleared for participation

Recommendations: _____

Provider Name: _____ Date of Examination: _____

Provider Signature: _____

Provider Address: _____

Provider Phone Number: _____