

Last Name _____ **First Name** _____ **Date of Birth** _____

Height	Weight	
BP: / (/)		L 20' Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
Manifestations of myopia		

- Herpes simplex virus (HSV), lesions suggestive of methicillin resistant Staphylococcus aureus (MRSA), or tinea corporis		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Function: Double leg squat test, single leg squat test, and box drop step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those

Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____
 Medically eligible for certain sports _____
 Not medically eligible pending further evaluation
 Not medically eligible for any sports
Recommendations _____

I have examined the student named on this form and completed the pre-participation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete has been deemed for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ **Date:** _____
Address: _____ **Phone:** _____

