

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5) must be used. A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2015, will satisfy the requirement through May 31, 2016.

Physical Examination

| | | | | |
|----------|-------------------|--|--------|-------------------|
| COMPLETE | LIMITED | Height _____ Weight _____ BP ____ / ____ Pulse _____ | | |
| | | Vision R 20 / ____ L 20 / ____ Corrected: Y N | | |
| | | | Normal | Abnormal Findings |
| | | Cardiovascular | | |
| | | Pulses | | |
| | | Heart | | |
| | | Lungs | | |
| | Skin | | | |
| | E.N.T. | | | |
| | Abdominal | | | |
| | Genitalia (males) | | | |
| | Musculoskeletal | | | |
| | Neck | | | |
| | Shoulder | | | |
| | Elbow | | | |
| | Wrist | | | |
| | Hand | | | |
| | Back | | | |
| | Knee | | | |
| | Ankle | | | |
| Foot | | | | |
| Other | | | | |

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not cleared for:
 - Collision
 - Contact
 - Noncontact _____ Strenuous _____ Moderately strenuous _____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.