

Pre-Participation Physical Evaluation Form

(All sections must be completed in full)

Name _____	Sex _____	Age _____	Date of Birth _____
Grade _____	School _____	Sport(s) _____	
Address _____		Phone _____	
Personal Physician _____		Phone _____	
In case of emergency, contact:			
Name _____	Relationship _____	Phone (H) _____	Phone (W) _____

Physical Evaluation Results

<input type="checkbox"/> Cleared without restriction
<input type="checkbox"/> Cleared, with recommendations for further evaluation or treatment for: _____ _____ _____
<input type="checkbox"/> Not cleared for <input type="checkbox"/> All sports <input type="checkbox"/> Certain sports: _____ Reason: _____ Recommendations: _____ _____
<u>Additional Information</u>
Allergies _____
Other Notes _____

Doctor's Information and Signature

Name of physician (print/type) _____	Date _____
Address _____	Phone _____
Signature of Physician _____, MD or DO	

