

**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 Rev. 2018) 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, 2018, will satisfy the requirement through May 31, 2019.

Student's name \_\_\_\_\_

**Physical Examination**

**Revised 2018**

COMPLETE	LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____			
		Vision R 20 / ____ L 20 / ____ Corrected: Y N			
			Normal	Abnormal Findings	
		Cardiovascular			
		Pulses			
		Heart			
		Lungs			
	COMPLETE	COMPLETE	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.

*(Form must be signed and dated by the attending physician.)*