

Cary Academy Physical Evaluation Form

Name _____ Date of birth _____
 Height _____ Weight _____ Body fat (optional) _____ Pulse _____ BP ____/____ (____/____.____/____)
 Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal ____ Unequal ____

	NORMAL	ABNORMAL FINDINGS
MEDICAL		
Appearance		
Eyes/ Ears/ Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand		
Hip/thigh		
Knee		
Leg/ankle		
Foot		

Cleared for **ALL** physical activity/sports

Cleared after completing evaluation/rehabilitation for the following medical concern(s):

Not cleared Reason: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participation in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Signature of Physician/Physician Assistant/Nurse Practitioner _____, MD or DO

Name of physician (print/type) _____ Date of Exam _____

Address _____ Phone _____