

Comprehensive Initial Pre-Participation Physical Examination And Certification of Authorized Medical Examiner

Must be completed and signed by the Authorized Medical Examiner performing this herein named student's comprehensive initial pre-participation physical evaluation and turned in with the computed athletic participation packet.

Date of exam _____

Student's Name _____ Age _____ Grade _____

Enrolled at _____ school Sport(s) _____

Height _____ Weight _____ BP _____ / _____ RHR _____

Vision: R 20/ _____ L 20/ _____ Corrected: YES NO Pupils: Equal _____ Unequal _____

Medical Findings	Normal	Abnormal Findings
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males)		
Neurological		
Skin		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulders/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the Health History, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's health history, certify that, except as specified below, the student is physically fit to participate in practices, interscholastic athletics, scrimmages, and/or contests in the sports consented to by the student's parent/guardian.

☐ Cleared ☐ Cleared, with recommendation(s) for further evaluation or treatment

☐ Not cleared due to _____

Recommendation(s) Referral(s) _____

Dr's Name (Print/type) _____ License # _____

Address _____ Phone () _____

AME's Signature _____

Doctor's Office Stamp