

PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Student's Name _____ Grade _____ Gender Male Female

Date of Birth _____ Age _____ School _____

Sport(s) _____

Address _____ Mobile Phone _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____

Mobile Phone _____

Physical Evaluation Results

Cleared without restriction

Cleared, with recommendations for further evaluation or treatment for:

Not Cleared for: All Sports Certain Sports: _____

Reason _____

Recommendations

Additional Information

Allergies _____

Other Notes _____

Doctor's Information and Signature

Name of Physician _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO

