

CONTOOCOOK VALLEY REGIONAL HIGH SCHOOL

PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION

Date _____

Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils _____

	NORMAL	ABNORMAL FINDINGS					INITIALS
Cardiopulmonary							
Pulses							
Heart							
Lungs							
Tanner stage	1	2	3	4	5		
Skin							
Abdominal							
Genitalia							
Musculoskeletal							
Neck							
Shoulder							
Elbow							
Wrist							
Hand							
Back							
Knee							
Ankle							
Foot							
Other							

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- B. Not cleared for:
 - Collision
 - Contact
 - Non-contact _____ Strenuous _____ Moderately strenuous _____ Non-strenuous

Due to: _____

RECOMMENDATION: _____

NAME OF PHYSICIAN _____ DATE _____
 Address _____ Phone _____

SIGNATURE OF PHYSICIAN _____