Student's Name	RE-PARTICIPATION PI S		-				
leight Weight %	Body fat (optional)	Pulse	BP	/	(_/,/_)
						al blood pressure	
/ision R 20/ L 20/	Corrected:	:			Pupils:	Equal	Unequal
As a minimum requirement, this Ph yagain, prior to first and third years on the student's MEDICA	f high school athletic par L HISTORY FORM on th	ticipation. It <i>must</i> b	e completed ocal district	if there policy	e are yes ' may re d	answers to specif	ic hysical exam .
MEDICAL	NORMAL		ABNOR	/IAL FII	NDINGS		INITIALS
Appearances							
Eyes/Ears/Nose/Throat							
Lymph Nodes Heart-Auscultation of the heart in t	the supine						
Heart-Auscultation of the heart in t standing position	the						
Heart-Lower extremity pulses							
Pulses							
Lungs							
Abdomen							
Genitalia (Males only) Skin							
Marfan's stigmata (arachnodactyly	, poetus						
excavatum, joint hypermobility, sci							
Neck							
Back							
Shoulder/Arm							
Elbow/Hand							
Hip/Thigh							
Knee							
Leg/Ankle							
Foot							
station-based examination only Cleared Cleared after completing evaluat	ion/rehabilitation for:						
Not closed for		Decem					
Not cleared for:							
Recommendations:							
Physical Examination must b	e performed and sig	ned on or after A	April 1, 202	20 to b	e valid	for participation	ı in sports.
The following information must be fi Physician Assistant Examiners, a R or a Doctor of Chiropractic. Examina	egistered Nurse recogniz	zed as an Advanced	l Practice N	urse by	the Boa	rd of Nurse Exami	
Name (print/type)		Date o	f Examination	on:			
Address:							_
Phone Number:							
Signature:							