

San Gabriel Mission HS Preparticipation Physical Examination

(Please type or print)

Date of Exam _____

Student's Name _____	Date of Birth _____
Height _____ Weight _____ % Body Fat (optional) _____	Pulse _____ B/P _____
Vision R 20/ _____ L 20/ _____ Corrected: Y N	Pupils: Equal _____ Unequal _____

Normal	Abnormal Findings	Initials*
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MEDICAL

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			

*Station based examination only

Clearance

- Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

I certify that I have performed the examination procedures noted above and have made the above recommendations regarding this student's participation in supervised athletic activities.	
_____ Examiner's Signature	_____ Date
_____ Examiner's Name and address (stamp or print)	_____ Examiner's Telephone Number