Form adapted from VHSL REVISED MAY 2022

BISHOP O'CONNELL HIGH SCHOOL PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

PART I- MEDICAL HISTORY

Page 1 of 2

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Section of the provider of t		GENERAL MEDICAL HISTORY	YES	NO	MEDICAL QUESTIONS CONTINUED	YES	NO			
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→ Parent/Guardian Signature:	 Date:	→ Athlete's Signature:	

PART II- PHYSICAL EXAMINATION

The physical examination form is required each school year dated after <u>JUNE 1</u> of the preceding school year and is good through MAY 31 of the current school year.

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NAME			DA	TE OF BIRTH		SCHOOL	
Height		Weight			☐ Male	 	☐ Female
BP /	Resting pulse	0	Vision	R 20/	L 20/	Corrected	☐ Yes ☐ No
		241		<u> </u>	NORMAL	ADA	
Annearance (Marfa	MEDIC an stigmata: kyphosco	_	-arched pa	late nectus	NORMAL	Adiv	IORMAL FINDINGS
	odactyly, hyperlaxity,	_					
aortic insufficiency		111,00.0,	ntial tails	protapoe, a.e.			
	roat (Pupils equal, hea	aring)					
Lymph nodes					<u> </u>		
Heart (Murmurs: a	uscultation standing, s	supine, +/-	Valsalva)				
Pulses							
Lungs							
Abdomen							
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Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand/fingers							
Hip/thigh Knee					-		
					+		
Leg/ankle Foot/toes					+		
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	tions required on-site					l ☐ Other:	
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	I have reviewed th			ewed his/her		-	e the following
☐ MEDICALLY ELIGIE	BLE FOR ALL SPORTS V	WITHOUT I	RESTRICTIO	ON			
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Вут	this signature, I attest			ed the above stu review of Part I			ticipation physical
→ PRACTITIONER SIG	NATURE:				_ (MD, D	OO, NP or PA) + DATE	**:
	ND DEGREE (PRINT): _						Physician Stamp
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	octor of Medicine, Do practice in the United		•		e Practitioner	or Physician's	