



PREPARTICIPATION PHYSICAL FORM

Saint Joseph Notre Dame High School
1011 Chestnut St., Alameda, CA 94501

Parents – Please upload and submit this completed form online through your athletic registration account,

Prior to uploading and submitting this form online you need to:

- Take a photo with your mobile phone **OR**
- Scan and save this completed form to your computer

Hardcopy forms will not be accepted.

Need Help? Please contact SJND Athletic Director Ashlee Robinson, arobinson@sjnd.org or (510) 995-9434.

PHYSICAL EXAMINATION (to be completed by physician)

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ % Body Fat (optional) _____ Pulse: _____ BP: _____

Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: Yes No Pupils: Equal _____ Unequal _____

Findings	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

ASSESSMENT

- Cleared for all sports and school activities without restriction
- Cleared for all sports and school activities without restriction after completing further evaluation or treatment for:

- Not cleared
 - Pending further evaluation
 - For participation in any sports or school activities
 - For participation in specified sports and/or other school activities _____

Reason _____

Name of MD, DO, PA, NP (print/type): _____

Address: _____ Phone: _____

Signature of MD, DO, PA, NP: _____, MD or DO Date: _____

PHYSICIAN'S OFFICE STAMP
(Physical will not be valid without the stamp below)