



2026 – 2027 Sports Physical Form

Did you remember to:

- ☐ Have physical completed by M.D. or D.O. **ONLY**
- ☐ Fill in M.D. or D.O.'s State License number? **REQUIRED**
- ☐ Get M.D. or D.O.'s address stamped? **REQUIRED**

Pre-Participation Physical Evaluation

Name _____ Date of Birth _____ Student ID# _____

Height _____ (inches) Weight _____ (pounds) Pulse _____ (bpm) BP ____/____

Vision: R: ____/____ L: ____/____ Corrected? ☐ YES ☐ NO Pupils: ☐ Equal ☐ Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS*
GENERAL MEDICAL			
Appearance			
Eyes/Ears/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

To be checked and signed by M.D. or D.O. ONLY (NOT ACCEPTED: PA, RN, LVN, NP or DC)

- ☐ Cleared for full participation in sports
- ☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared Reason: _____

Recommendations/Restrictions: _____

Signature of Physician _____ Date _____

Printed Name of Physician (M.D. or D.O. ONLY)

M.D. or D.O. State License No. (Required)

Physician's Address/Stamp:

(Kaiser Electronic Preparticipation Physical Evaluation Form Accepted)

Physical Evaluation Forms are to be completed by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) ONLY.
Physicals completed by ANY OTHER practitioner CANNOT be accepted as is our school policy.

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