

**SAINT MARY'S COLLEGE HIGH SCHOOL
ATHLETICS PRE-PARTICIPATION HEALTH CLEARANCE FORM**

Name: _____ Student ID#: _____ Sport: _____ DOB: _____

Height: _____ in Weight: _____ lbs Blood Pressure: _____ / _____

Heart Rate: _____ BPM Vision: R: _____ / _____ L: _____ / _____

MEDICAL EXAMINATION

Normal Abnormal

☐	☐	General appearance
☐	☐	HEENT
☐	☐	Chest
☐	☐	Cardiac
☐	☐	Abdomen
☐	☐	Skin
☐	☐	Neurologic

MUSCULOSKELETAL EXAMINATION

Normal Abnormal

☐	☐	Cervical Spine
☐	☐	Thoracic Spine
☐	☐	Lumbar Spine
☐	☐	AC Joint/Clavicle
☐	☐	Shoulder
☐	☐	Elbow
☐	☐	Wrist
☐	☐	Hip

☐	☐	Knee
☐	☐	Leg
☐	☐	Ankle
☐	☐	Foot

Abnormal findings:

1. _____
2. _____
3. _____

General Medical Concerns:

1. _____
2. _____
3. _____

Orthopedic Concerns:

1. _____
2. _____
3. _____

Concussion/Head Injury Concerns:

1. _____
2. _____
3. _____

By signing this form, I acknowledge that I have performed a pre-participation health screening (or sports physical) on this patient and have found this student athlete:

Disposition:

- ☐ 1. Cleared for collision, contact, non-contact sports.
- ☐ 2. Cleared for all sport related activities with the following conditions/restrictions:
- _____
- ☐ 3. Not cleared for any sport related activity.

Clinician name: _____ Date: _____

Clinician signature: _____ Date: _____

Clinician Stamp or Attached business card (stamp in below area or attach business card upper left corner). Thank you.

PARENTS PLEASE NOTE: A doctor's signature is only good for 365 days. If you continue participating in SMCHS athletics, this exact form must be signed by an MD or DO every year. **Once form is signed by an MD or DO, please upload it to your Home Campus account.**