

Sports Cleared By Season	
Fall	_____
Winter	_____
Spring	_____

PEORIA UNIFIED SCHOOL DISTRICT #11



ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

ANNUAL PHYSICAL EXAMINATION

Name: _____	Date: _____
Height: _____	Weight: _____
Pulse: _____	BP: _____
Vision: R 20/ _____	L 20/ _____
Glasses/Contacts: Yes No _____	Pupils: Equal Unequal _____

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

\*Station-based examination only

**CLEARANCE**

<input type="checkbox"/> Cleared <input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____  <input type="checkbox"/> Not Cleared for: _____ Reason: _____  <b>Recommendations:</b> _____  Name of Physician (print/type) _____ Date _____  Address _____ Phone _____  Signature of Physician _____ <b>MD/DO/NP/PA-C</b>
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