CITADEL CHRISTIAN SCHOOL

PREPARTICIPATION PHYSICAL EXAMINATION

TO BE COMPLETED BY MEDICAL PROVIDER

Student Name: _____ Sport(s): _____
Sex: ___Male ___Female Age in years: _____ Date of Birth: ___/___/_____
Height: _____ Weight: _____ % of Body Fat: _____ Pulse: _____
Blood Pressure: ____/____ (___/___ , ___/___)
Vision: R 20/_____ L 20/_____ Corrected: Y N Pupils: Equal_____ Unequal_____

This **PHYSICAL EXAMINATION FORM** must be completed prior to athletic participation **each** school year at CCS.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lungs/Abdomen/Skin			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart- Lower extremity pulses			
Pulses			
Genitalia (males only)			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh/Knee			
Leg/Ankle/Foot			

CLEARANCE
___ Cleared ___ Cleared after completing evaluation/rehabilitation for: _____
___ Not cleared for: _____ Reason: _____
Recommendations: _____

Provider Name: _____ Date of Examination: _____

Provider Signature: _____ Provider Phone Number: _____

Provider Address: _____