



Archdiocese of Miami
 Department of Schools
Athletic Pre-participation Physical Evaluation (Page 2 of 2)
 This completed form must be kept on file by the school

Part 3. Physical Examination (to be completed by physician)

Student Name: _____ Date of Birth: _____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: _____
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
HEAD AND NECK			
Appearance	_____	_____	_____
Eyes/Ears/Nose/Throat	_____	_____	_____
Lymph Nodes	_____	_____	_____
Heart	_____	_____	_____
Pulses	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Skin	_____	_____	_____
MUSCULOSKELETAL			
Neck	_____	_____	_____
Back	_____	_____	_____
Shoulder/Arm	_____	_____	_____
Elbow/Forearm	_____	_____	_____
Wrist/Hand	_____	_____	_____
Hip/Thigh	_____	_____	_____
Knee	_____	_____	_____
Leg/Ankle	_____	_____	_____
Foot	_____	_____	_____

Station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN

 Cleared without limitation
 Not cleared for _____ Reason _____
 Cleared after completing evaluation/rehabilitation for _____
 Referred to _____ For _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____
 Address: _____
 Signature of Physician: _____ MD, DO, DC, ARNP

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s)

 Cleared without limitation
 Not cleared for _____ Reason _____
 Cleared after completing evaluation/rehabilitation for _____
 Referred to _____ For _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____
 Address: _____
 Signature of Physician: _____ MD, DO, DC, ARNP

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.