



**St. James Episcopal School**  
**PREPARTICIPATION PHYSICAL EVALUATION**  
**PHYSICAL EXAMINATION FORM**  
**For 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> Grade Athletes**

SCHOLAR'S NAME: \_\_\_\_\_ SPORT(S): \_\_\_\_\_

GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PULSE: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)

VISION R 20/\_\_\_\_ L 20/\_\_\_\_ CORRECTED: Y N

As a minimum requirement for scholars in 6th, 7th, and 8th Grade, this **PHYSICAL EXAMINATION FORM** must be completed prior to athletic participation **each** year of school.

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

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

\*station-based examination only

<p><b>CLEARANCE</b></p> <p><input type="checkbox"/> Cleared</p> <p><input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____</p> <p><input type="checkbox"/> Not cleared for: _____ Reason: _____</p> <p>Recommendations: _____</p> <p>_____</p>
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Provider Name: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_

Provider Address: \_\_\_\_\_