

CALVARY CHAPEL CHRISTIAN SCHOOL

Pre-Participation Physical Evaluation

Physical Examination

Name: _____ Date of Birth: ____ / ____ / ____
 Height: _____ Weight: ____ Pulse: ____ BP: ____ / ____ (____ / ____)
 Vision: _____ R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

**Station-based examination only*

CLEARANCE

Cleared _____

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type): _____ Phone: (____) _____

Address: _____

Signature of Physician: _____ Date: _____

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