

**HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT
Pre-Participation Physical Evaluation**

PHYSICAL EXAMINATION

Student's Name: _____ Date of Birth: _____

Height _____ Weight _____ % of Body fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____, _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials*
MEDICAL			
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			
Shoulder/arm			

*Station based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendation: _____

PHYSICIAN'S ADDRESS AND SIGNATURE

Name of Physician (print/type) _____ Address _____ Phone _____ Date of Exam _____	Stamp with Name of Doctor or Medical Office/Clinic
*** Signature of Physician: _____, MD or DO	

*** If physical given by Nurse Practitioner, PA
overseeing MD must sign or use their rubber stamp.