South Meadow School
Phone: 603-924-7105 fax: 603-924-2064
Preparticipation Physical Evaluation

Date of PE:_____

Name:_____ Age:_____ Date of birth:_____

		Height_____ Weight_____ BP_____/_____ Pulse_____ Vision R20/_____ L 20/_____ Corrected: Y / N Pupils_____			
			Normal	Abnormal findings	Initials
	L				
	I	Cardiopulmonary			
	M	Pulses			
	I	Heart			
C	T	Lungs			
O	E	Tanner stage	1	2 3 4 5	
M	D	Skin			
P		Abdominal			
L		Genitalia			
E		Musculoskeletal			
T		Neck			
E		Shoulder			
		Elbow			
		Wrist			
		Hand			
		Back			
		Knee			
		Ankle			
		Foot			
		Other			

Date of last Tetnus:_____ Date of Second MMR:_____ Date of Varivax or disease:_____

Clearance: a. cleared

b. cleared after completing evalution/rehabilitation for:

c. not cleared for: ❒ collision

❒ Contact

❒ Noncontact____Strenuous _____Moderately strenuous _____Nonstrenuous

Due to:_____

Recommendation:_____

_____

_____

Name of physician_____ Date:_____

Address:_____ Phone:_____

Signature of physician_____