

# GLENDALE UNIFIED SCHOOL DISTRICT

## PRE-PARTICIPATION PHYSICAL EVALUATION (continued)

### PHYSICAL EXAMINATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ %Body Fat  
 (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_ / \_\_\_\_\_, \_\_\_\_ / \_\_\_\_\_)

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected (check): Y \_\_\_ N \_\_\_ Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	*INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
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:** \_\_\_\_\_

**Recommendation(s):** \_\_\_\_\_

**Name of physician (print/type)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Signature of physician** \_\_\_\_\_