

Student Name:

District Use Only:	
Date of Physical:	Received by:

**PRE-PARTICIPATION MEDICAL EXAMINATION AND CLEARANCE
THIS DOCUMENT APPLIES TO ALL ACTIVITIES AND SPORTS UNLESS SPECIFICALLY EXCLUDED
AND IS VALID FOR ONE YEAR FROM DATE OF THE EXAMINATION**

Grade: _____ Height: _____ Weight: _____ Date of Birth: _____

Sex: _____ Date of Physical: _____ Vision: R 20/____ L 20/____ Corrected: Y or N

Medical Examination	Normal	Abnormal Findings Please describe and explain findings
Appearance:		
Eyes/Ears/Throat:		
Lymph Nodes:		
Heart:		
Pulse:		
Lungs:		
Abdomen:		
Genital (males only):		
Skin:		
Neurological:		
Neck:		
Back:		
Shoulders/Arms:		
Elbow/Forearm:		
Wrists/Hands:		
Hips/Thighs:		
Knees:		
Legs/Ankles:		
Feet:		
Head/Skull		

History

Is there any medical history regarding the student or their family that might impact the student's ability to participate in any activity? Yes or No. If Yes, please explain:

Medical Clearance

Subsequent to a complete and thorough medical examination, the above named student is medically cleared to participate in all activities and sports, except:

Print Name of Physician or Surgeon: _____

Address: _____

License or Certificate Number: _____

Signature: _____ Date: _____

ONLY A PHYSICIAN OR SURGEON DULY AND CURRENTLY LICENSED IN THE STATE OF CALIFORNIA MAY EXECUTE THIS FORM.