

**Student Name:** \_\_\_\_\_

**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

<b>Medical Examination</b>	<b>Normal</b>	<b>Abnormal Findings Please describe and explain findings</b>
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.**