

## Annunciation Catholic School Sports Pre-Participation Physician Examination

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat(optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_ Rhythm: Regular \_\_\_\_\_ Irregular \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDING	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Pericardial activity			
Heart:1st and 2nd heart sounds			
Murmurs			
Pulses			
brachial/femoral Lungs			
Abdomen			
Skin			

### MUSCULOSKELETAL

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: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician (print/type): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."