

**RED BANK CATHOLIC HIGH SCHOOL  
PREPARTICIPATION PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 School: \_\_\_\_\_ Sport: \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**PHYSICIAN or PROVIDER INFORMATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y/N \_\_\_\_\_ Contacts: Y/N \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm  
 Glasses: Y/N \_\_\_\_\_

	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes/Sciera/pupils			
Ears			
Nose/Mouth//Throat			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. liver, spleen)			
Tanner Stage: Testes/Onset of Menses:			
Hernia	No	Yes/Possible	
Neck/Back/Spine: Range of Motion:			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination:			
Romberg			
Heel Walk			
Tandem walk			
Nose Touch			
Toe Walk			
Most recent Immunizations/Dates			
Medications currently in use:			
Additional Observations:			

**CLEARANCE:** A. Student may participate in athletics: Yes No Date: \_\_\_\_\_  
 B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 C. **NOT CLEARED FOR:** Collision \_\_\_\_\_ Contact \_\_\_\_\_ Non-contact \_\_\_\_\_  
 Strenuous \_\_\_\_\_ Moderate \_\_\_\_\_ Non-strenuous \_\_\_\_\_

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

**EXAMINED BY:** Physician's/Providers Stamp:  
 Family Physician/Provider \_\_\_\_\_  
 \_\_\_\_\_ MD \_\_\_\_\_ DO \_\_\_\_\_ NP \_\_\_\_\_ PA

Physician's/Provider's signature: \_\_\_\_\_

**CLASSIFICATION OF SPORTS BY CONTACT**

Collision/Contact	Limited Contact	Noncontact	
		Strenuous	Nonstrenuous
Field Hockey, Football, Ice Hockey, Lacrosse, Soccer, Wrestling	Baseball, Basketball, Diving, Fencing, Field (high jump, pole vault) Gymnastics, Skiing, Softball, Volleyball	Field (discus, javelin, shot put), Rowing, Running/Cross Country, Strength Training, Swimming Tennis, Track	Bowling, Golf

**MEDICAL CONDITIONS AFFECTING SPORTS PARTICIPATION IN ADOLESCENTS****CONDITIONS REQUIRING CLEARANCE BEFORE SPORTS PARTICIPATION**

Atlantoaxial instability	Hepatomegaly, Splenomegaly	Cerebral palsy	One-eyed athletes or athletes with vision > 20/40 in one eye
Hypertension	History of repeated concussion	Eating disorders	
Dysrhythmia	Cystic fibrosis	One-kidney athletes	
Heart murmur	Bleeding disorder	Malignancy	
Diabetes mellitus	Congenital heart disease	Organ transplant recipient	
Heat illness history	Mitral valve prolapse	Sickle cell disease	