

Preparticipation Physical Evaluation Form

Child's information

Name:

Date of birth:

Phone number:

Emergency contact and relationship:

Emergency contact's phone number:

Emergency contact's email:

Home address:

Medical history

Please check any of the following conditions that apply to the child:

- Allergies (specify): _____
- Asthma
- Diabetes
- Heart Conditions
- Epilepsy
- Other (please specify): _____

Medication

Physical examination

Height (*in inches/centimeters*):

Weight (*in pounds/kilograms*):

Blood pressure (*mmHg*):

Vision:

Right Eye: _____ (20/ _____)

Left Eye: _____ (20/ _____)

Hearing:

Pass

Fail

Cardiovascular system:

Normal

Abnormal (specify): _____

Respiratory system:

Normal

Abnormal (specify): _____

Musculoskeletal System:

Normal

Abnormal (specify): _____

Additional notes

Healthcare provider certification

I certify that I have examined the above-named child and completed all sections of this form. Based on my examination, I believe the child is physically able to participate in the specified activities.

Healthcare provider's name:

Signature: 

Date: