

# 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: