

# AIAL PREPARTICIPATION PHYSICAL EVALUATION

STUDENT'S FULL NAME: \_\_\_\_\_

GRADE LEVEL: 5 6 7 8

GENDER: Male / Female

AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

HEIGHT: \_\_\_\_ feet \_\_\_\_ inches

WEIGHT: \_\_\_\_\_

% BODY FAT: \_\_\_\_\_%

PULSE: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_/\_\_\_\_ BRACHIAL BP WHILE SITTING: \_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_

In keeping with the requirements of the Archdiocese Interscholastic Athletic League (AIAL), the physical examination form must be completed prior to athletic participation each year. The form is good for one year from the date of physician signature shown below.

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS *
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in supine position			
Heart - Auscultation of the heart in standing position			
Heart - Lower Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (Males Only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, or scoliosis)			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS *
Neck			
Back			
Shoulder/Arm			
Elbow /Forearm			
Wrist/ Hand			
Hip / Thigh			
Knee			
Leg/Ankle			
Foot			
Other as noted			
*station-based examination only			

Clearance:

- Cleared for all participation  
 Cleared after completing rehabilitation / examination for: \_\_\_\_\_  
 Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations:

Provider/Physician's Name: \_\_\_\_\_ Provider Address: \_\_\_\_\_

Provider/Physician's Signature: \_\_\_\_\_ Date of Examination: \_\_\_\_/\_\_\_\_/\_\_\_\_