

DIAA PRE-PARTICIPATION PHYSICAL EVALUATION

Name _____ Date of Birth _____
 Height _____ Weight _____ %Body fat (optional) _____ Pulse _____ BP ____/____(____/____)
 Vision R 20/____ L20/____ Corrected: Y N Pupils: Equal _____ Unequal _____ Risk behaviors discussed: Y N
 (diet, weight, driving, drugs, alcohol, sexuality, safety, stress)

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary(males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only +Having 3rd party present is recommended for the genitourinary exam

Notes:

Please choose one of the following four (4) options:

____ 1. Cleared without restriction

____ 2. Cleared, with recommendations for further evaluation or treatment for: _____

____ 3. **Not Cleared, but needs additional evaluation by (whom):* _____

____ 4. Not Cleared for either ____All sports ____ Certain sports: _____
 Reason: _____

Please note any necessary equipment, medications, or restrictions for cleared athlete to play or practice:

By this signature, I hereby state that I have performed a pre-participation examination in accordance with DIAA standards (current edition of Physician and Sports Medicine's Pre-participation Physical Evaluation) and certify that the above clearance and attached PPE is accurate, complete and compliant to such standards. I also agree that I have documented and signed any playing restrictions on the High School Athlete Medical Card (pg 4).

HealthCare Provider's Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____ **Phone:** _____

*If Option 3 checked then Referred Physician needs to complete below:
 ____ Cleared- no restriction ____ Cleared with the following restrictions: _____
 ____ Not Cleared for ____All sports ____ Certain sports: _____

Referred Physician Signature: _____ **Print:** _____ **Date:** _____