

**Step 1: Get physical; have this form filled out and signed by physician.**  
**Step 2: Complete athletic clearance info at [www.athleticclearance.com](http://www.athleticclearance.com) . (Upload this completed form at that time, OR turn in to Athletic Office.)**

**MONROVIA UNIFIED SCHOOL DISTRICT  
 PRE-PARTICIPATION PHYSICAL EVALUATION  
 (To Be Completed by Physician)  
PHYSICAL EXAMINATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_)

Vision: R 20/\_\_\_\_ : 20/\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

**CLEARANCE**

- Cleared
- Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
- Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Type/Print)

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, M.D. or D.O.