



WISEBURN – DA VINCI ATHLETICS
 201 N. DOUGLAS ST.
 EL SEGUNDO, CALIFORNIA, 90245
 (310) 725-5800

WISEBURN - DA VINCI

PHYSICAL EXAMINATION FORM

Pre-participation Physical Evaluation

To be filled out by Physician

Last Name: _____ First Name: _____

DOB: _____ Grade: _____ Height: _____ Weight: _____

Vision R 20/____ L 20/____ Corrected: Y N

Pupils: Equal _____ Unequal _____

	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			

+Having a third party present is recommended for the genitourinary examination

Notes: _____
 This athlete is:

- Cleared without restriction for ALL SPORTS
- Cleared without restriction for certain sports: _____
- Cleared, with recommendations for further evaluation or treatment for:

- Not Cleared- Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____ Physical Date: _____

Name of physician (Print): _____ Date: _____

Address: _____ Phone: _____

I have completed the Pre-participation Physical Evaluation and reviewed the Physical History Form

Signature of Physician _____ - MD or DO
 (Cannot accept physical done by a Chiropractor)

Parent Questionnaire:

Name: _____

School: _____

Age: _____ Grade: _____

Health History:
 Please answer Yes or No

	Y	N
Recurrent Illness?		
Hospitalization?		
Injuries treated by doctor?		
Current Medications?		
Organs missing?		
Heat Exhaustion/stroke?		
Surgery other than tonsils?		
Dizziness, Fainting, Headaches, convulsions?		
Knocked out?		
Concussion?		
Wears glasses or contacts?		
Dental Caps, braces, bridge?		
Cough / pain?		
Problems: Heart murmurs, blood pressure?		
Problems: Liver, Kidney, Spleen?		
Hernia?		
Skin disease		
Bone and/or joint injury?		
Allergic to medications?		
Tetanus shot in last 10 yrs?		

The above information is current and correct to the best of my knowledge.

Signature of parent/guardian _____

Date _____

Place Address/Facility stamp here (physical will NOT be accepted without stamp)