Fredericksburg Academy
Pre-Participation Athletic Evaluation Form

This physical evaluation must be completed after May 1 of the current year playing sports and runs through June 30 of the following year. This form must be filled out by a licensed medical professional in order for your student to participate in the school's athletic program.

Name:						**Gender:**		**Birth Date:**			
Height:		**Weight:**		**Pulse:**		**B/P:**	/	(/)			
Vision:	R20/	L20/	**Corrected:**	Y	N	**Pupils:**	Equal	Unequal			

	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Eyes/ears			
Nose/throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulse			
Lungs			
Abdomen			
Skin			

Musculoskeletal			
Neck			
Back			
Scoliosis			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Leg/ankle			
Foot/toes			

Vaccines/Boosters:

Notes:

Please choose one (1) 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 **(Please circle one option if need be)**
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 Fredericksburg Academy standards and certify that the above clearance and the above PPE is accurate, complete, and compliant to such standards.

Healthcare Providers Signature:		Date:	
Printed Name:		Phone:	

_____School Year _____ATC Initials Grade_____