



# Prince George's County Public Schools

## Pre-Participation Physical Evaluation

(This page to be completed by physician/nurse practitioner/physician assistant)

PHYSICAL EXAMINATION

DATE OF EXAM \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_

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

HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ % BODY FAT \_\_\_\_ PULSE \_\_\_\_ BP \_\_\_\_

VISION R20/ \_\_\_\_ L20/ \_\_\_\_ CORRECTED? Y \_\_\_\_ N \_\_\_\_ PUPILS: EQUAL \_\_\_\_ UNEQUAL \_\_\_\_

	NORMAL	ABNORMAL FINDING	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			

\* Station-based examination

Name of physician/nurse practitioner/physician assistant \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Print or Type)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician/nurse practitioner/physician assistant \_\_\_\_\_

PHYSICIANS STAMP:

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**White Copy: Athletic Director    Yellow Copy: School Nurse    Pink Copy: Provider**