



# Physical Form

Cristo Rey De La Salle East Bay High School  
1530 34th Ave. Oakland, CA 94601

## PHYSICAL EXAMINATION (to be completed by physician)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Vision:** R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ **Glasses/Contacts:** Yes No **Pupils:** Equal \_\_\_\_\_ Unequal \_\_\_\_\_

(Circle one)

Findings	Normal	Abnormal Findings	Initials*
<b>Medical</b>			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/Oropharynx			
Lymph Nodes			
Heart			
Pulse			
Lungs			
Abdomen			
Genitalia/Hernia			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\*Station-based examination only



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## ASSESSMENT

- Cleared for all sports participation without restrictions
- Cleared for all sports participation without restrictions after completing further evaluation or treatment for:
  
- Not cleared
  - Pending further evaluation
  
  - For any sports participation
  - For certain sports participation

Reason: \_\_\_\_\_

Name of MD, DO, PA, NP (print/type): \_\_\_\_\_

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

Signature of MD, DO, PA, NP: \_\_\_\_\_, MD or DO Date: \_\_\_\_\_

<p style="text-align: center;"><b>PHYSICIAN'S OFFICE STAMP</b> (Physical will not be valid without the the stamp below)</p>
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