



SETON SCHOOL

"Let His Will of the present moment be the first rule of our daily life and work..."—Saint Elizabeth Ann Seton

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Sports Preparticipation Evaluation Physical Examination

Name _____

Date of Exam _____

	Height _____	Weight _____	BP _____/_____	Resting Pulse _____			
	Vision L 20/	R 20/	Corrected: Y N				
Normal			Abnormal Findings	Initials			
	Heart						
	Pulses						
	Lungs						
	Skin						
	Lymphatic						
	Abdomen						
	Genitalia/Hernia						
	Eyes						
	Ears						
	Nose						
	Throat						
	Neck						
	Back						
	Shoulders						
	Elbow/Wrist/Hand						
	Hips/Knees						
	Ankles/Feet						
Optional/When Medically Indicated							
Tanner Stage	1	2	3	4	5	Percent Body Fat	
Lab: Urine						Lab: Hemoglobin/HCT	

Clearance for Sports

_____ Full Participation

_____ Needs additional evaluation/rehabilitation for: _____

_____ Limited/No participation due to: _____

Recommendations _____

Physician's Name _____ Physician's Signature _____

Phone Number _____ Date _____

Sports Preparticipation Evaluation
Medical History

This should be completed by parent and student prior to the physical examination for review by the physician.

Name _____ Male _____ Female _____ Date of birth _____

Grade _____ Sports _____

Have you ever had any of the following?

Yes No

- _____ heart Murmur
- _____ high blood pressure
- _____ other heart problems
- _____ relative with heart problems
- _____ dizzy, chest pain, or
- _____ passed out after exercise
- _____ concussion
- _____ been knocked out
- _____ seizures or epilepsy
- _____ muscle, bone or joint injuries
- _____ surgery
- _____ been hospitalized

Do you have any of these now?

Yes No

- _____ trouble breathing or cough
- _____ after exercise
- _____ significant allergies
- _____ asthma
- _____ adrenaline/inhaler prescription
- _____ take medicine regularly
- _____ illness lasting a week or more
- _____ blood disorder
- _____ contacts, glasses, braces
- _____ missing/non-functioning organ
- _____ skin problem
- _____ special equipment for sports

_____ Do you have any other significant health problems?

_____ Date of last tetanus shot

_____ (Girls) When was your last menstrual period?

Explain any "yes" answers:

Date _____

Signature of student: _____

Signature of parent: _____