

**Bishop Alemany High School  
Athletic Pre-Participation Physical Form**

To be completed every Academic Year, After May 31<sup>st</sup>

Name (Last, First) \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Known Medical Conditions/ Medication/ Allergies \_\_\_\_\_

Height \_\_\_\_\_ (inches) Weight \_\_\_\_\_ Pulse \_\_\_\_\_ (BPM) BP \_\_\_\_\_ / \_\_\_\_\_

Medical	Normal	Abnormal Findings	Initials
<b>Auscultation/Palpation</b>	-----	-----	-----
Skin			
Lymph Nodes			
Eyes/Ears/Nose/Throat			
Abdomen			
Genitalia			
Heart			
Lungs			
Pulse			
Breathing Rate			
<b>Musculo-skeletal</b>	-----	-----	-----
Neck			
Back			
Shoulder/Arm			
Elbow/ Forearm			
Wrist/ Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Neurological			
P.E.A.R.L.			
Cognition			
Balance			
Headache			

Cleared for Athletic participation at Bishop Alemany High School

Cleared after follow up by/for: \_\_\_\_\_

Not Cleared- Reason: \_\_\_\_\_

Recommendations/Restrictions: \_\_\_\_\_

The above named student is able to engage in Bishop Alemany High School Athletics

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(License #)