# JENKS PUBLIC SCHOOLS ATHLETIC DEPARTMENT
# PRE-PARTICIPATION PHYSICAL / VISION EVALUATION

Physical/Vision Evaluation taken **AFTER MAY 1st**, *and on this form*, will be good for the following school year. Make a copy for your records, and return this original to the: **Head Athletic Trainer**, Sharp Center, 2nd Floor, 205 East B Street, Jenks, OK 74037 ***OR*** scan to **michael.catterson@jenksps.org**

***STUDENT fills out this box BEFORE examination.***

Student ID# _____

Student **LAST** Name _____ FIRST Name _____ MIDDLE _____

Name Uses (if different from above) _____

Date of Birth _____ Grade ☐ 12 ☐ 11 ☐ 10 ☐ 9 ☐ 8 ☐ 7

***DO NOT WRITE IN THIS SECTION -- PHYSICIAN OR NURSE USE ONLY***

Date of Exam _____ Height _____ Weight _____

Pulse _____ BP_____ / _____ (_____ / _____) (_____ / _____)
Initial BP Post Exercise 5 min. Post Ex.

Vision: R 20 / _____ L 20 / _____ Corrected ☐ Y ☐ N ☐ Glasses ☐ Contacts Pupils ☐ Equal ☐ Unequal

| MEDICAL | Normal | Abnormal Findings |
|---|---|---|
| Appearance | | |
| Eyes / Ears / Throat | | |
| Lymph Nodes | | |
| Heart | | |
| Pulse | | |
| Lungs | | |
| Abdomen | | |
| Genitalia (male only) | | |
| Skin | | |
| **MUSCULOSKELETAL** | | |
| Neck | | |
| Back | | |
| Shoulder / Upper Arm | | |
| Elbow / Forearm | | |
| Wrist / Hand / Finger | | |
| Hip / Thigh | | |
| Knee | | |
| Lower Leg / Ankle | | |
| Foot | | |

## CLEARANCE

( ) Cleared

( ) Cleared after completing evaluation / rehabilitation for: _____

( ) Not cleared for: _____

Recommendations: _____

Name / Title of Examiner (Print / Type) _____ Date _____

Address and City _____ Phone _____

Signature of Examiner _____