

# Audubon Charter Athletics Preparticipation Physical Evaluation

<b>STUDENT NAME:</b>	
<b>Date of Birth:</b>	
<b>Sport:</b>	

	NORMAL	ABNORMAL FINDINGS
Ear, Nose Throat		
Heart (Auscultate in Supine & Standing)		
Chest & Lungs		
Skin & Lymphatic		
Abdominal		
Genitalia & Hernia		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Flexibility		
Height	BP _____ / _____	Vision: R 20/ _____
Weight	Pulse _____	L 20/ _____
Age	Rate Regular? _____	Corrected? Y _____ N _____
		Pupils: Equal _____ Unequal _____
<b><u>Clearances</u></b>		

- A. Full Clearance** \_\_\_\_\_
- B. Cleared after completing evaluation/rehabilitation for** \_\_\_\_\_
- C. Not Cleared For: Collision/ Contact** \_\_\_\_\_
- Non-Contact** \_\_\_\_\_
- Strenuous** \_\_\_\_\_
- Mod. Strenuous** \_\_\_\_\_
- Non-Strenuous** \_\_\_\_\_

**Due To:** \_\_\_\_\_

**Recommendations** \_\_\_\_\_

I certify that I have on this date examined this student and that, on the basis of the requested the this examination and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to participate in supervised athletic activities .(Note exceptions above)	
Physician, A.N.P. or P.A. Signature: _____	
Date: _____	(Required)

# Audubon Charter School --- Sports Medical Release Form

719 Carrollton Avenue \*New Orleans, La 70118 \*(504) 324-7110 \* 504-218-4618 (fax)

Student's Name		Student's Grade	
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On the basis of the examination on this day, I approve this child's participation in:

Basketball

Soccer

Track/Field  
Cross Country

Flag Football

Volleyball

Cheerleading

Golf

Tennis

Good for school year \_\_\_\_\_

Physician's Name _____	
Signature _____	
Date _____	Address _____
Parent's Signature _____	Date _____

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_