

**MINI CARDINAL FOOTBALL
PREPARTICIPATION PHYSICAL EVALUATION**

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____

Vision: R L Corrected: Y N Pupils: _____

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Tanner Stage	1 2 3 4 5		
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:

- A. Cleared _____
- B. Cleared after completing evaluation/rehabilitation for _____
- C. Not cleared for Contact _____ Non-contact _____ Strenuous _____
 Moderate strenuous _____ Non-strenuous _____

Recommendation: _____

Name of Physician: _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____

Athletes who play football are required to complete a physical form each year they play.