



ANNUAL PRE-PARTICIPATION PHYSICAL Littleton Elementary School District

**ANNUAL PHYSICAL EXAMINATION: Must be dated after May 1 of the current year.*

Name: _____	Date: _____
Height: _____	Weight: _____
Pulse: _____	BP: _____
Vision: R 20/ _____ L 20/ _____ Glasses/Contacts; YES NO	
Pupils: Equal _____ Unequal _____	

	Normal	Abnormal Findings	Initials*
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

***Station-based examination only**

CLEARANCE

<input type="checkbox"/> Cleared	
<input type="checkbox"/> Cleared after completing evaluation/rehabilitation for: _____ _____	
<input type="checkbox"/> Not Cleared for: _____ Reason: _____	
Recommendations: _____ _____	
Name of physician (print/type) _____	Date _____
Address _____	Phone _____
Signature of physician _____	MD/DO/NP/PA-C