

Santa Cruz City Schools MS Athletic Packet

Branciforte Middle School Mission Hill Middle School
 405 Old San Jose Road, Soquel, California 95073 | (831) 429-3410 | www.sccs.net

Participation Physical Physician Evaluation

(Completed By Physician)

Athlete's Name _____ Date _____

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision: Right 20/ _____ Left 20/ _____ Corrected? Yes No

MEDICAL	NORMAL	ABNORMAL
Skin		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
MUSCULOSKELETAL	NORMAL	ABNORMAL
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg		
Ankle/Foot		
<input type="checkbox"/> Cleared for activities <input type="checkbox"/> Not Cleared for activities		Not cleared due to:
Please Check One		
Physician Name _____		
Physician Signature _____		Date _____