MANHATTAN CHRISTIAN COLLEGE ATHLETICS PRE-PARTICIPATION PHYSICAL EXAMINATION

Every year each student-athlete shall present to the athletic department a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic activity.

PHYSICAL EXAMINATION RECORD: This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.

Athlete's Nam	1e	_Height	_Weight		
Pulse	Blood Pressure /	(Repeat, if abnormal)	Vision R 20/	L 20/	
	NORMAL	ABNORMAL FINDINGS		INITIALS	
1. Appearan	ce (esp. Marfan's)				
2. Eyes/Ears	s/Nose/Throat				
3. Pupil Size	e (Equal/Unequal)				
4. Mouth & T	Гееth				
5. Neck					
6. Lymph No	odes				
7. Heart (Sta	anding & Lying)				
8. Pulses (es	sp. femoral)				
9. Chest & L	ungs				
10. Abdomer	ו <u> </u>				
11. Skin					
12. Genitals -	Hernia				
13. Musculosl strength, etc.					
14. Neurologi					
Comments	regarding abnormal findings	:			

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS FULL AND UNLIMITED PARTICIPATION										
LIMITED PARTICIPATION - May NOT participate in the following (checked):BaseballBasketballBowlingCross CountryFootballGolfSoccer										
	IIBasketball Swimming					Soccer				
CLEARANCE PENDING DOCUMENTED FOLLOW UP OFNOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO										
Licensed Medical Pro		Date of PPE								
Licensed Medical Professional's Signature					Phone					