



CORAL SPRINGS

CHIEFS

Evaluation for Participation in Sports
Deliver to your coach or league representative



Physical Examination

Date: _____

Name of Child _____

Height: _____

Weight: _____

Pulse rate: _____

Blood pressure: _____ / _____

	Normal	Abnormal	Not Examined	Comments	Examiner
1. Eyes					
2. Ears, nose, throat					
3. Mouth & teeth					
4. Neck (soft tissue)					
5. Cardiovascular					
6. Chest & lungs					
7. Abdomen					
8. Genitalia-hernia					
9. Sexual Maturity					
10. Skin & lymphatics					
11. Neck					
12. Spine					
13. Shoulders					
14. Arms & hands					
15. Hips					
16. Thighs					
17. Knees					
18. Ankles					
19. Feet					
20. Neurological					

Participation Recommendations:

No history or physical findings on this exam would prohibit this student from participating in lacrosse:

This student should have the following health problems evaluated or treated before participating recommendations can be made:

This student has health problems that prohibit him or her from participating in lacrosse:

Parent Signature _____

Date _____

Examining Physician _____

Date _____