

PREPARTICIPATION SPORTS PHYSICAL EVALUATION

Must be completed and signed by medical personnel performing student's physical evaluation.

Name _____ Enrolled in _____ School _____

Sport _____ Age _____

Height _____ Weight _____ BP _____ / _____ Pulse _____ Handed R _____ or L _____

Parent/Guardian _____ Phone _____

Family Physician _____ Phone _____

Medical personnel performing physical evaluation for a student wrestler must complete the attached Minimum Wrestling Weight Classification form, which must set forth the minimum weight classification at which the student named herein may wrestle for the entire season.

Medical Examination

Normal	Abnormal Findings	If Abnormal Explain
<input checked="" type="checkbox"/>	<input type="checkbox"/> EENT	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Cardiovascular	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Cardiopulmonary	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Lungs	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Abdomen	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Genitourinary	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Neurological	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Skin	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other	_____

Musculoskeletal Exam

<input checked="" type="checkbox"/>	<input type="checkbox"/> Scoliosis	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Special Tests (Based on History Form)	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Neck	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Shoulder	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Elbow	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Wrist	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Hand	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Back	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Knee	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Ankle	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Foot	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other	_____

Clearance for sports participation:

A. Cleared

B. Cleared after completing evaluation / rehabilitation for: _____

C. Not Cleared for Collision Contact Noncontact Strenuous Moderately Strenuous Nonstrenuous

Due to: _____

Recommendation/Referral: _____

Name of Examiner: _____ Date: _____

Address: _____ Phone: _____

Signature MD/DO, PAC, CRNP, SNP _____

MINIMUM WRESTLING WEIGHT CLASSIFICATION

Must be completed by medical personnel performing student's physical evaluation.

Minimum Wrestling Weight Classification for _____
(Name)

Enrolled in _____ School

I certify that the herein named student may wrestle at the following minimum weight classification during the current wrestling season:

(medical examiner circle and initial one)

SENIOR HIGH SCHOOL (Fourteen Weight Classifications):

103 lbs. 112 lbs. 119 lbs 125 lbs. 130 lbs. 135 lbs. 140 lbs.
145 lbs. 152 lbs. 160 lbs. 171 lbs. 189 lbs. 215 lbs. 275 lbs.

JUNIOR HIGH/MIDDLE SCHOOL (Eighteen Weight Classifications):

75 lbs. 80 lbs. 85 lbs. 90 lbs. 95 lbs. 100 lbs. 105 lbs. 110 lbs. 115 lbs.
122 lbs. 130 lbs. 138 lbs. 145 lbs. 155 lbs. 165 lbs. 185 lbs. 210 lbs. 250 lbs.

Name of Examiner: _____ Date: _____

Address: _____ Phone: _____

Signature MD/DO, PAC, CRNP, SNP _____

Recommended Tests:

Water weighing

Caliper measurement

Other accepted tests