



PREPARTICIPATION PHYSICAL FORM

Bishop O'Dowd High School
9500 Stearns Ave Oakland, CA 94605

Parents – Please upload and submit this completed form online through your athletic registration account at www.familyid.com. Prior to uploading and submitting this form online you'll need to....

- Take a photo with your mobile phone **OR**
- Scan and save this completed form to your computer

Hardcopy forms will not be accepted.
Need Help? Contact Joanne Kinyon, Head Athletic Trainer
jkinyon@bishopodowd.org (510) 577-9100 EXT. 274

PHYSICAL EXAMINATION (to be completed by physician)

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ % Body Fat (optional) _____ Pulse: _____ BP: _____

Vision: R 20/ _____ L 20/ _____ Glasses/Contacts: Yes No Pupils: Equal _____ Unequal _____

| Findings | 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

ASSESSMENT

- Cleared for all sports participation without restriction
- Cleared for all sports participation without restriction after completing further evaluation or treatment for:

- Not cleared
 - Pending further evaluation
 - For any sports participation
 - For certain sports participation _____

Reason _____

Name of MD, DO, PA, NP (print/type): _____

Address: _____ Phone: _____

Signature of MD, DO, PA, NP: _____, MD or DO Date: _____

PHYSICIAN'S OFFICE STAMP
(Physical will not be valid without the stamp below)