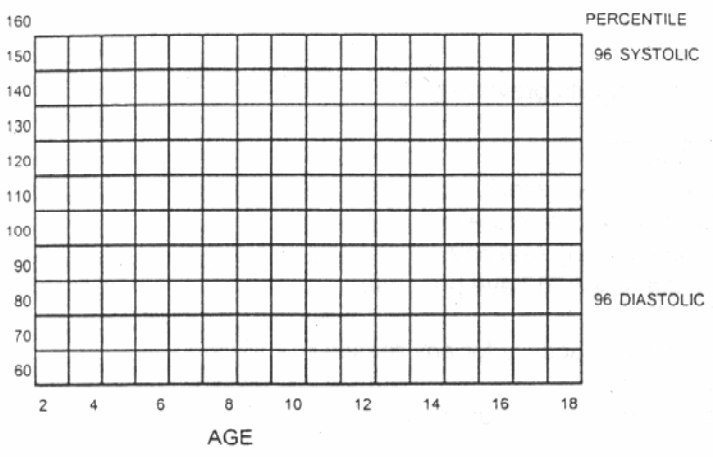


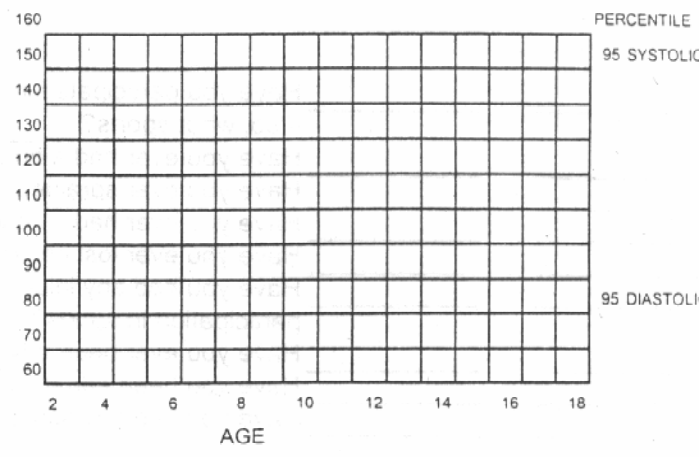
CHILD'S NAME _____ AGE _____ WT. _____ HT. _____

Blood Pressure:

BOYS



GIRLS



Body Habitus: _____

Skin - Normal _____

Cardiovascular - Normal _____

Orthopedic Screen - Normal _____

Other _____

Statement

_____ This athlete requires further evaluation by a physician prior to participation in athletics.

_____ No contraindications to full participation in athletics have been noted in this preparticipation screen.

Date _____

Signature of Physician _____