

Santa Cruz City Schools MS Athletic Packet

Branciforte Middle School Mission Hill Middle School

133 Mission St #100, Santa Cruz, CA 95060 (831) 429-3410 | www.sccs.net

Participation Physical Physician Evaluation (Completed By Physician)

Athlete's Name _____ Date _____

Height _____ Weight _____ BP _____/_____ Pulse _____

Vision: Right 20/_____ Left 20/_____ Corrected? Yes No

MEDICAL	NORMAL	ABNORMAL
Skin		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
MUSCULOSKELETAL	NORMAL	ABNORMAL
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg		
Ankle/Foot		
_____ Cleared for activities	_____ Not Cleared for activities	Not cleared due to:
Please Check One		
Physician Name _____		
Physician Signature _____	Date _____	