



PAWILLION LA VISTA
COMMUNITY SCHOOLS

Preparticipation Physical Evaluation

Name _____ Sex _____ Age _____ Date of Birth _____

☐ Cleared without restriction

☐ Cleared, with recommendations for further evaluation or treatment for: _____

☐ Not cleared for ☐ All sports ☐ Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

☐ Up to date (see attached documentation) ☐ Not up to date Specify: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Parent - please return form to school.

School: LVMS PMS LMS PLHS PLSHS