



MACON ROAD BAPTIST SCHOOL

11015 Highway 64 Arlington, TN 38002 901-290-5555

Pre-Participation Medical Evaluation Form

Name: _____ Grade: _____

Height _____ Weight _____ BP _____ / _____ Pulse _____

Vision R 20/____ L 20/____ Corrected? Yes No Pupils _____

Ears, Nose, Throat	_____	_____
Heart	_____	_____
Chest/Lungs	_____	_____
Skin/Lymphatics	_____	_____
Abdominals	_____	_____
Genitalia/Hernia	_____	_____

Musculoskeletal Examination Examiner _____

Normal Abnormal Findings

Neck/Back _____

Upper Extremities _____

Lower Extremities _____

Flexibility _____

Official Recommendation

A. This athlete may may not compete in athletics based on the data gathered from this exam.

B. Prior to participation, treatment or follow-up on the following is recommended:

C. Recommend further consultation with _____

Signature of Physician _____

Date _____