

Santa Cruz City Schools Athletic Clearance Packet

Harbor High Santa Cruz High Soquel High

405 Old San Jose Road, Soquel, California

95073 (831) 429-3410 www.sccs.net

Pre-Participation Physical

To Be Completed by Physician

Athlete's Name _____ Date _____

Height _____ Weight _____ BP _____ / _____ Pulse Rate _____ Vision: Right 20/ _____

Vision Left 20/ _____ Corrected

Medical	Normal	Abnormal
Skin		
Eyes / Ears / Nose / Throat		
Lymph Nodes		
Heart		
Pulse		
Lungs		
Abdomen		
Genitalia (Males Only)		
Musculoskeletal	Normal	Abnormal
Neck		
Back		
Shoulder / Arm		
Elbow / Forearm		
Wrist / Hand		
Hip / Thigh		
Knee		
Leg		
Ankle / Foot		

_____ Cleared for All Activities _____ Not Cleared for All Activities Due to _____

Physician Name _____ Physician Signature _____ Date _____