

Community Sports League Pre-Participation Evaluation Sheet

Personal Information

Participant Name

Date of Birth

Address

Phone Number

Emergency Contact

Medical History

Condition	Yes	No	Details
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Heart Problems	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Current Medications

Physical Examination

Height (cm)

Weight (kg)

Blood Pressure

Pulse

Physician's Clearance

Comments/Restrictions

Physician Name

Signature

Date