EL2

Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 1 of 3)

Revised 05/18

ANSWER ALL QUESTIONS

Complete!

NEED SIGNATURES!

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Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 2 of 3)

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Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 of 3)

Revised 05/18

- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- Doctors Office Address and Phone # (Or Stamp)

- ANSWER ALL QUESTIONS!
- Don't forget shot information!

- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- Doctors Office Address and Phone # (Or Stamp)

Only Necessary if Recommendations were made on page 2!!!