

Florida High School Athletic Association Pre-participation Physical Evaluation Form

Grades 6 – 12
<ul style="list-style-type: none">Valid for 365 calendar days from the date of the evaluation as written on page 2
Part 1 - Student Information
<ul style="list-style-type: none">Completed by the student or parent
Part 2 - Medical History
<ul style="list-style-type: none">Completed by the student or parent
Part 3 - Physical Examination
<ul style="list-style-type: none">Completed by a licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner
Part 4- Signatures Required
<ul style="list-style-type: none">Signature of Physician/Physician Assistant/Practitioner required on page 2 and page 3Completed forms must be kept on file by the school