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Preparticipation Physical Evaluation HISTORY FORM. Note: This form is to be filled out by patient and parent prior to seeing the physician, physician assistant, advanced practice registered nurse, or chiropractor (if performed within the scope of practice)

PPE physical exam form - KHSAA

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Page 2 of 4 Physical Examination Form The section below is to be completed by physician or staff after history and consent forms are completed. Students Name _____ Birth Date _____

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PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY 2017 This MEDICAL HISTORY FORM must be completed annually by parent (or guardian) and student in order for the student to participate in athletic activities.

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

Miami-Dade County Public Schools Division of Athletics and Activities Athletic Physical Form Procedures Procedures for Completing M-DCPS Athletic Physical Form FM-3439 Rev. (05-18)

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Preparticipation Physical Evaluation History Form

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Disease - Wikipedia

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Health - Wikipedia

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