



Woodcrest Christian School

18401 Van Buren Blvd., Riverside, California 92508
Phone (951) 780-2010 Fax (951) 780-2079

Athletic Pre-Participation Screening

Personal Information:

Name: _____

Birth Date: _____ Age: _____

Height: _____ Grade: _____

Examination Information:

Pulse: _____

Blood Pressure: Systolic: _____ Diastolic: _____

Ears: _____

Skin Condition: _____

Respiratory: _____

Hernia: _____

Recommendation:

- ☐ Full athletic participation
- ☐ No athletic participation
- ☐ Athletic participation with the following restrictions:

Physician's Signature: _____ Date: _____

This is a sports screening. If you would like a full physical, please contact your physician.