

Roseville Fire Department Cadet Program

Pre-Participation Physical Evaluation

This form must be completed and signed by a licensed medical professional before participation in the Cadet Program application physical agility.

Section 1: Athlete Information

Name: _____

Date of Birth: _____

Age: _____ Grade (if applicable): _____

School (if applicable): _____

Sport/Program: Roseville Fire Department Cadet Program

If under 18 - Parent/Guardian: _____

Phone: _____

Section 2: Medical History (Completed by Athlete/Parent)

Explain YES answers below (attach additional pages if needed):

Yes No Has a doctor ever denied or restricted your participation in sports?

Yes No Do you have ongoing medical conditions?

Yes No Have you ever had surgery?

Yes No Do you have asthma or breathing issues?

Yes No Do you have chest pain with exercise?

Yes No Have you ever fainted or had dizziness?

Yes No Do you have heart problems or high blood pressure?

Yes No Do you use any medications regularly?

Yes No Do you have allergies (medications, food, stings)?

Yes No Have you had a concussion or head injury?

Yes No Do you have bone, muscle, or joint injuries that affect activity?

If yes, explain:

Section 3: Physical Examination (Sections 3, 4, and 5 Completed by Licensed Medical Provider)

Height: _____ Weight: _____ Blood Pressure: _____

Vision: _____ Hearing: _____

General Appearance: _____

Heart: _____

Lungs: _____

Abdomen: _____

Musculoskeletal: _____

Neurological: _____

Section 4: Clearance

Cleared for full participation without restrictions

Cleared with restrictions (describe below)

Not cleared for participation

Restrictions/Recommendations:

Section 5: Licensed Medical Provider Information

Name: _____

Clinic: _____

Address: _____

Phone: _____

Signature: _____

Date: _____