



PREPARTICIPATION PHYSICAL EXAMINATION

STUDENTS NAME: _____ **SPORT(S):** _____
GENDER: _____ **AGE:** _____ **DATE OF BIRTH:** _____
HEIGHT: _____ **WEIGHT:** _____ **BLOOD PRESSURE:** ____/____ **PULSE:** _____
VISION: R 20 / ____ L 20 / ____ **CORRECTED?:** Y N **PUPILS:** EQUAL _____ UNEQUAL _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart Auscultation (Supine/Standing)			
Heart- Lower Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____
 Not cleared for: _____ Reason: _____
Recommendation: _____

Provider Name: _____ **Date of Examination:** _____

Provider Signature: _____ **Provider Phone Number:** _____

Provider Address: _____