

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ DOB _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____

Vision Corrected: Y N Pupils: Equal _____ Unequal _____

NORMAL / ABNORMAL FINDINGS INITIALS*

MEDICAL

- _____ Appearance
- _____ Eyes/Ears/Nose/Throat
- _____ Lymph Nodes
- _____ Heart-Auscultation of the heart in the supine position.
- _____ Heart-Auscultation of the heart in the standing position.

- _____ Heart-Lower extremity pulses
- _____ Pulses
- _____ Lungs
- _____ Abdomen
- _____ Skin

MUSCULOSKELETAL

- _____ Neck
- _____ Back
- _____ Shoulder/Arm
- _____ Elbow/Forearm
- _____ Wrist/Hand
- _____ Hip/Thigh
- _____ Knee
- _____ Leg/Ankle
- _____ Foot

**station-based examination only*

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation

for: _____

Not cleared for: _____

Reason: _____

Recommendations: _____

DOCTOR/ PRACTITIONER INFORMATION

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____