

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: _____

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

Address: _____

Phone

Number: _____

Signature: _____
