

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

Name _____		Date of birth _____	
Height _____	Weight _____	% Body fat (optional) _____	Pulse _____ BP ____/____ (____/____, ____/____)
Vision R 20/ _____	L 20/ _____	Corrected: Y N	Pupils: Equal ____ Unequal ____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
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 of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO