

Pre-participation 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			

CLEARANCE

____ Cleared

____ Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date _____

Signature of physician _____ Phone _____