

# 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
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### 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 \_\_\_\_\_