

PREPARTICIPATION PHYSICAL EVALUATION

Name _____ Date of Birth _____ Sport _____

Height _____ Weight _____

Pulse _____ BP ____/____ (____/____, ____/____)

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal____ Unequal____

NORMAL

ABNORMAL FINDINGS

INITIAL

MEDICAL

	NORMAL	ABNORMAL FINDINGS	INITIAL
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			

MUSCULOSKELETAL

	NORMAL	ABNORMAL FINDINGS	INITIAL
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: _____

Signature of Physician _____, MD or DO

Date _____