

Pre-Participation Physical Evaluation

Student-Athlete's Name _____ Date of Birth _____

Height _____ Weight _____

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

Vision R 20/ _____ L 20/ _____ Corrected Y / N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
<i>MEDICAL</i>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<i>MUSCULOSKELETAL</i>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Lower leg/ankle			
Foot			

CLEARANCE: Choose one of the following

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not Cleared for: _____

Recommendations: _____

Name of Physician _____ Date: _____

Address: _____ Phone: _____

Signature of Physician _____