

# 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*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
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

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