

PRE-PARTICIPATION PHYSICAL EXAMINATION

NAME: \_\_\_\_\_ GENERAL

PHYSICAL EXAMINATION EXAM DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_ / \_\_\_\_ Pulse: \_\_\_\_\_

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected? \_\_\_ YES \_\_\_ NO

	NORMAL	ABNORMAL FINDINGS
Ears, Nose & Throat		
Chest, Heart & Lungs		
Abdominal, Genitalia & Hernia		
Skin & Lymphatic		

MUSCULOSKELETAL EXAMINATION

	NORMAL	ABNORMAL FINDINGS
Cervical Neck and Back		
Upper Extremities		
Lower Extremities		
Flexibility		

OFFICIAL RECOMMENDATION:

A. This athlete \_\_\_MAY \_\_\_MAY NOT compete in athletics based on information obtained from this examination

B. Prior to participation, treatment or follow-up care is recommended for: \_\_\_\_\_

C. Recommend further consultation with: \_\_\_\_\_

**Printed** Name of Examining/Clearing Physician: \_\_\_\_\_

Signature of Examining/Clearing Physician: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_