

Pre-participation Physical Evaluation

PHYSICAL EXAMINATION

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP _____

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

| Medical | Normal | Abnormal Findings | Initials |
|----------------------------|--------|-------------------|----------|
| Appearance | | | |
| Eyes/ears/nose/throat | | | |
| Hearing | | | |
| Lymph nodes | | | |
| Heart | | | |
| Murmurs | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only) | | | |
| Skin | | | |
| MUSCULOSKETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/toes | | | |

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____,
MD or DO

Pre-participation Physical Evaluation CLEARANCE FORM

| | | | |
|-------------|------------|------------|----------------------|
| <i>Name</i> | <i>Sex</i> | <i>Age</i> | <i>Date of Birth</i> |
|-------------|------------|------------|----------------------|

- Cleared without restriction.
- Cleared with recommendations for further evaluation or treatment for: _____

Not cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

IMMUNIZATIONS (e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

Up to date (see attached documentation) Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO