

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