

PREPARTICIPATION EVALUATION

PHYSICAL EXAMINATION FORM

NAME: _____ SPORT(S): _____

HEIGHT: _____ WEIGHT: _____ PULSE: _____ BP: _____ / _____ (_____ / _____, _____ / _____)

VISION: R 20/____ L 20/____ CORRECTED: Y N If Yes, Glasses ____ Contacts ____ PUPILS: EQUAL ____ UNEQUAL ____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; pneumococcal; meningococcal; varicella)

Up to date _____ Not up to date _____ Specify _____

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|------------------------------|--------|-------------------|-----------|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/ears/nose/throat | | | |
| Hearing | | | |
| Lymph nodes | | | |
| Heart | | | |
| Murmurs | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only)** | | | |
| Skin | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/Toes | | | |

*Multiple-examiner set-up only. **Having a third party present is recommended for the genitourinary examination.

_____ Cleared without restriction

_____ Not cleared for _____ Reason: _____

Recommendations: _____

Name of physician (print/type): _____ Date: _____

Signature of physician: _____, MD or DO

Questions taken from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, & American Osteopathic Academy of Sports Medicine 2004 PPE Form.