

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: Up to date _____ Not up to date _____ Specify _____
 SICKLE CELL TRAIT: Positive _____ Negative _____ Unknown _____

	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.