



# PRE-PARTICIPATION PHYSICAL EVALUATION for STUDENT-ATHLETES



## STUDENT-ATHLETE

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

\*\*\*\*\*THIS SECTION TO BE COMPLETED BY YOUR HEALTH CARE PROFESSIONAL\*\*\*\*\*

## PHYSICAL EVALUATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hemoglobin: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_ Temperature: \_\_\_\_\_

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y N Pupils: equal unequal Urinalysis: \_\_\_\_\_

EXAM	NORMAL	ABNORMAL FINDINGS
<b>MEDICAL</b>		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist		
Hip/thigh		
Knee		
Lower leg/ankle		
Foot		

## CLEARANCE

- Cleared
- Cleared after completing evaluation and/or rehabilitation: \_\_\_\_\_  
\_\_\_\_\_
- Not cleared for this reason: \_\_\_\_\_
- Recommendation(s): \_\_\_\_\_  
\_\_\_\_\_

## PHYSICIAN

Print name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_