

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance	_____	_____	_____
Eyes/Ears/Nose/Throat	_____	_____	_____
Lymph Nodes	_____	_____	_____
Heart-Auscultation of the heart in the supine position.	_____	_____	_____
Heart-Auscultation of the heart in the standing position.	_____	_____	_____
Heart-Lower extremity pulses	_____	_____	_____
Pulses	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Genitalia (males only)	_____	_____	_____
Skin	_____	_____	_____
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)	_____	_____	_____
MUSCULOSKELETAL			
Neck	_____	_____	_____
Back	_____	_____	_____
Shoulder/Arm	_____	_____	_____
Elbow/Forearm	_____	_____	_____
Wrist/Hand	_____	_____	_____
Hip/Thigh	_____	_____	_____
Knee	_____	_____	_____
Leg/Ankle	_____	_____	_____
Foot	_____	_____	_____
*station-based examination only			

CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for: _____
- Not cleared for: _____

Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner, will not be accepted.

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

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.