

Pre-participation Physical Evaluation  
**PHYSICAL EXAMINATION FORM**

**Full Legal Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Sport(s): \_\_\_\_\_

EXAMINATION		
<b>Height:</b>	<b>Weight:</b>	<b>Gender Identity:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>BP</b>	<b>Pulse</b>	<b>Vision: R 20/ L20/ Corrected:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL		NORMAL
		ABNORMAL FINDINGS
<b>Appearance</b> - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency)		
<b>Eyes/Ears/Nose/Throat</b> -Pupils Equal -Hearing		
<b>Lymph Nodes</b>		
<b>Heart</b> -Murmurs (auscultation standing, supine, +/- Valsalva) -Location of point of maximal impulse (PM)		
<b>Pulses</b> - Simultaneous femoral and radial pulses		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Skin</b> - HSV, lesions suggestive of MRSA, tinea corporis		
<b>Neurologic</b>		
MUSCULOSKELETAL		NORMAL
		ABNORMAL FINDINGS
<b>Neck</b>		
<b>Back</b>		
<b>Shoulder/Arm</b>		
<b>Elbow/Forearm</b>		
<b>Wrist/Hand/Fingers</b>		
<b>Hip/Thigh</b>		
<b>Knee</b>		
<b>Leg/Ankle</b>		
<b>Foot/Toes</b>		
<b>Functional</b> - Duck-walk, Single Leg Hop		

Cleared for all sports without restriction.

Limited Participation (describe limitations): \_\_\_\_\_

**Not Cleared**

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

I have examined the above-named student athlete and completed the pre-participation physical evaluation. The student athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record and can be made available upon request of the parent(s)/guardian(s). If conditions arise after the student athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student athlete (and parent(s)/guardian(s)).

Name of Physician (printed/typed): \_\_\_\_\_ Examination Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_, MD or DO