Preparticipation Physical Evaluation

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____% Pulse _____ BP _____/_____ (_____/_____, _____/_____)
Initial BP Post Exercise 5 Min. Post Ex.

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

	Normal	Abnormal Findings
MEDICAL		
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

( ) Cleared

( ) Cleared after completing evaluation / rehabilitation for: _____

_____

_____

( ) Not cleared for: _____ Reason: _____

Recommendations: _____

_____

_____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____