

Pre-Participation Sports Physical

(This page to be completed by Physician/Nurse Practitioner/Physician Assistant)

PHYSICAL EXAMINATION

DATE OF EXAM _____

NAME _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ % BODY FAT (optional) _____ PULSE _____ BP _____

	NORMAL	ABNORMAL FINDING
<u>MEDICAL</u>		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
<u>MUSCULOSKELETAL</u>		
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 [Sport(s)]: _____ Reason: _____

Recommendation: _____

Name of Physician/Nurse Practitioner/Physician Assistant _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/Nurse Practitioner/Physician Assistant _____

