

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

**Full Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

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

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

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

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