

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_  
Vision 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  
Skin

**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: \_\_\_\_\_  
\_\_\_\_\_

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
\_\_\_\_\_