

Name _____ Date of Birth _____

PROVIDER REMINDER: Consider additional questions on more sensitive issues such as mood, substance use & cardiovascular symptoms

EXAMINATION				
Height	Weight	BMI	BMI Percentile	<input type="checkbox"/> Female <input type="checkbox"/> Male
BP / (/)	Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		Normal	Abnormal Findings	
Appearance - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)				
Eyes/ears/nose/throat - Pupils equal, hearing				
Lymph nodes				
Heart - murmurs (auscultation standing, supine +/- Valsalva), location of point of maximal impulse (PMI)				
Pulses - simultaneous femoral and radial pulses				
Lungs				
Abdomen				
Skin - HSV, lesions suggestive of MRSA, tinea corporis				
Neurologic				
MUSCULOSKELETAL				
Neck				
Back				
Shoulder/arm				
Elbow/forearm				
Wrist/hand/fingers				
Hip/thigh				
Knee				
Leg/ankle				
Foot/toes				
Functional - duck-walk, single leg hop				

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not cleared

Pending further evaluation

For any sports

For certain sports:

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians)

Name of physician _____ Signature _____ Date _____

