



# PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Sport: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

MEDICAL EXAMINATION		
	NORMAL	ABNORMAL FINDINGS
Eyes/ Ears/ Nose/ Throat		
Heart/ Cardiovascular		
Pulmonary/ Lungs		
Abdomen/ Gastrointestinal		
Neurological		
Skin		
Genitourinary (Males Only)		
Other		

MUSCULOSKELETAL EXAMINATION		
	NORMAL	ABNORMAL FINDINGS
Neck		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Back		
Hip/Thigh		
Knee/Leg		
Ankle/Foot/Toes		
Other		

- Cleared
- Not cleared Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Team Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Ortho)

Team Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(General)