ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

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Name: _____ Date:_____

Height:_____ Weight: _____ Pulse: _____ BP: _____

Vision: R 20/_____ L 20/_____ Glasses/Contacts: ☐Yes ☐No Pupils: Equal_____ Unequal_____

	Normal	Abnormal Findings	Initials
Medical			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
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 of physician (print/type)_____ Date _____

Address_____

Signature of physician_____

MD/DO/NP/PA-C