


PREPARTICIPATION PHYSICAL EXAM

| | | | |
|---------|---------|--------|----------------|
| Name: | | Sport: | |
| DOB: | Age: | Sex: | Male Female |
| Height: | Weight: | BP: | Pulse: |

| SPECIFIC EXAMINATION | WNL | COMMENTS | Needs referral or follow up |
|--------------------------|-----|----------|-----------------------------|
| 1. Neurological | | | |
| Head | Y N | | |
| Neck | Y N | | |
| Spine | Y N | | |
| 2. EENT | | | |
| Eyes/Pupils | Y N | | |
| Ears | Y N | | |
| Nose | Y N | | |
| Throat | Y N | | |
| Neck/Thyroid | Y N | | |
| 3. Internal | | | |
| Heart | Y N | | |
| Lungs | Y N | | |
| Chest | Y N | | |
| Abdomen | Y N | | |
| Hernia | Y N | | |
| 4. Orthopedics | | | |
| <i>Upper extremities</i> | | | |
| Shoulders | Y N | | |
| Elbows | Y N | | |
| Wrists | Y N | | |
| Hand/Fingers | Y N | | |
| <i>Lower Extremities</i> | | | |
| Hips | Y N | | |
| Knees | Y N | | |
| Lower Legs | Y N | | |
| Ankles | Y N | | |
| Feet | Y N | | |

Vision:

| | | | | |
|------------------------------|--------------|----------------|------------------|------|
| Does the athlete wear | Glasses: Y N | Contacts: Y N; | hard | soft |
| R: 20/ | L: 20/ | Corrected: Y N | Color blind: Y N | |

This Student: **Can** **Cannot** **Participate. (circle one)**

Date: _____

Physician's signature