

Sports Preparticipation Evaluation Physical Examination

To be completed and signed by the student's physician

Student's Last Name _____ First Name _____ Date of Exam ____/____/____

Height _____ Weight _____ Resting Pulse _____ BP _____/____

Vision R 20/____ L 20/____ Corrected Yes No

Normal -- please put a check mark below

Abnormal Findings -- please explain in space provided below

_____ Heart: _____

_____ Pulse: _____

_____ Lungs: _____

_____ Skin: _____

_____ Lymphatic: _____

_____ Abdomen: _____

_____ Genitalia/Hernia: _____

_____ Eyes: _____

_____ Ears: _____

_____ Nose: _____

_____ Throat: _____

_____ Neck: _____

_____ Back: _____

_____ Shoulders: _____

_____ Elbows/Wrists/Hands: _____

_____ Hips/Knees: _____

_____ Ankles/Feet: _____

Optional when medically indicated:

Tanner Stage: 1 2 3 4 5

Percent Body Fat: _____

Labs: Urine _____

Labs: Hemoglobin/HCT: _____

Clearance for Sports

_____ Full Participation

_____ Needs additional evaluation/rehabilitation for _____

_____ Limited/No participation due to _____

Physician's Name (please print) _____ Physician's Signature _____

Date _____ Office Phone Number (_____) _____