

Pre-Participation Sports Physical

(This page to be completed by Physician/Nurse Practitioner/Physician Assistant)

PHYSICAL EXAMINATION

DATE OF EXAM _____

NAME _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ % BODY FAT (optional) _____ PULSE _____ BP _____

	NORMAL	ABNORMAL FINDING
<u>MEDICAL</u>		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
<u>MUSCULOSKELETAL</u>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

☐ **Cleared**

☐ **Cleared** after completing evaluation/rehabilitation for: _____

☐ **Not Cleared** for [Sport(s)]: _____ Reason: _____

Recommendation: _____

Name of Physician/Nurse Practitioner/Physician Assistant _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/Nurse Practitioner/Physician Assistant _____

(This page to be completed by Student and Parent/Guardian)

***** Explain “Yes” answers below. Circle questions if you don’t know the answers.**

YES

NO

EXPLAIN “Yes” answers here:

In case of emergency, I/We hereby authorize my child to be treated by an available licensed physician. It is our understanding that every effort will be made to contact us immediately in case of such emergency.

We also hereby state that, to the best of our knowledge, our answers to the above questions are complete and correct.

Signature of Parent/Guardian _____ Date _____

Signature of Athlete _____ Date _____