

Pre-Participation Physical Examination (continued)

Physical Examination

Date: _____

Name: _____ Age: _____ Date of birth: ____ / ____ / ____

COMPLETE	LIMITED	Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____					
		Vision R 20/_____ L 20/_____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N Pupils: _____					
			Normal	Abnormal Findings			Initials
	Cardiopulmonary						
	Pulses						
	Heart						
	Lungs						
	Tanner stage	1	2	3	4	5	
	Skin						
	Abdominal						
	Genitalia						
	Musculoskeletal						
	Neck						
	Shoulder						
	Elbow						
	Wrist						
	Hand						
	Back						
	Knee						
	Ankle						
Foot							
Other							

Clearance

- A. Cleared
- B. *Provisional*: Cleared after completing evaluation/rehabilitation for: _____
- C. *Hold*: Not cleared for: Collision Contact
 Non-contact *strenuous* *moderately strenuous* *non-strenuous*
 Due to: _____

Recommendation: _____

Physician name : _____

Address: _____ () _____
Street City State Zip Phone

Physician signature : _____ Date: _____