

**Pre-participation Physical Evaluation**  
Physical Evaluation

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ (in) Weight: \_\_\_\_\_ (lbs) Pulse: \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_  
 Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y N Pupils: Equal Unequal

	Normal	Abnormal Findings	Initials
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/Hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

- Cleared
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician (printed) \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_