

Pre-participation Sports Physical Examination

Name _____ Birth Date _____
 Sport _____ Age _____ Date _____
 Height _____ Weight _____ BP _____ / _____ Pulse _____ Handed R ___ or L ___
 Percent Body Fat _____ Wrestling Weight _____ Recheck BP _____ / _____

Medical Examination	Normal	Abnormal Findings	Initials
EENT			
Cardiopulmonary			
Lungs			
Abdomen			
Genitourinary			
Neurological			
Skin			
Other			
Musculoskeletal Exam			
Scoliosis			
Special Test (based on History Form)			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:

- a. Cleared
- b. Cleared after completing evaluation / rehabilitation for: _____
- c. Not Cleared for: Collision
 Contact
 Non-contact Strenuous Moderately Strenuous Non-strenuous

Due to: _____

Recommendation: _____

Name of Examiner: _____ Date: _____

Address: _____ Phone: _____

Signature MD / DO, PAC, CRNP _____