



Pre-Participation Physical Evaluation

Name _____ Date of Birth _____ Age _____ year Male / Female
 Height _____ Weight _____ % of body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / ____ . ____ / ____)
 Vision R20 / ____ L20 / ____ Both 20/____ Pupils: Equal ____ Unequal ____

PHYSICAL EXAMINATION

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

CARDIAC EVALUATION

Brachial Artery Pulse		(Right Brachial pulse comparing between supine and upright position)	
Femoral Pulse		(To exclude narrowing of the aorta)	
Heart			
Physical Appearance		(To indicate Marfan syndrome)	
ECG –Electrocardiogram		(If abnormal results, follow up with Cardiologist is required)	

- Cleared to participate in Athletics
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendation: _____

Examination completed by :

Name of Physician (Please print) _____ Date: _____

Address _____ Phone _____

Signature of Physician _____ MD