

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

Name _____ Date of birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ Blood pressure _____

	Normal	Abnormal findings	Initials*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Lymph nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

*Station-based examination only

CLEARANCE

Cleared Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type) _____ Date: _____

Address _____ Phone: _____

Signature of physician _____, M.D. or D.O.

FIGURE 2. Second page of Preparticipation Physical Evaluation form.

Adapted with permission from Smith DM, American Academy of Family Physicians, Preparticipation Physical Evaluation Task Force. Preparticipation physical evaluation. 2d ed. Minneapolis: Physician Sportsmedicine, 1997.