

PRE-PARTICIPATION SPORTS PHYSICAL EXAM

Vision: L20/ _____ R20/ _____ Both _____ Corrected: Y N BMI _____ (BMI suggested, not mandatory)

Height _____ Weight _____ Pulse _____ B/P (L arm) _____

Medical	Normal	Abnormal Findings
Appearance/Emotional Affect		
Head/Eyes/Nose/Throat		
Lymph Nodes		
Heart (standing/supine)		
Pulses (include femoral)		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal	Normal	Abnormal Findings
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

May Participate in all sports, EXCEPT those listed below:

May Participate after completing evaluation/rehabilitation for:

May NOT Participate - Reason: _____

Recommendations: _____

Signature of M.D. _____ Date of Exam: _____

Printed Name: _____ Office Stamp

Phone Number: _____

Extra Space for "YES" answers from the front: _____
