

Preparticipation Sports Physical Examination

**PLEASE LIST
DRUG ALLERGIES**

Name (LAST, FIRST, MI) _____ Sport of Participation: FOOTBALL
 ID Number: _____ Age: _____ Date of Birth _____
 Sex: M F Height _____ Weight _____ B/P: (L) _____ (R) _____ Pulse: _____
 Vision: L 20/ _____ R 20/ _____ Both 20/ _____ Corrected: Y N Pupils Equal? Y N

<u>MEDICAL</u>	NORMAL	ABNORMAL FINDINGS
Appearance/Emotional Affect		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
<u>MUSCULOSKELETAL</u>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

Cleared Cleared after completing evaluation/rehabilitation for: _____

Not Cleared Reason: _____

Recommendations: _____

PHYSICIAN NAME: _____

PHYSICIAN PHONE NUMBER: _____

Adopted from the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.