2021-2022
PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ SID #: _____ Clinic #: _____

Sport: _____ ☐ Freshman ☐ Sophomore ☐ Red Shirt Freshman ☐ Red Shirt Sophomore

ATHLETES PLEASE DO NOT WRITE BELOW THIS LINE. MEDICAL PERSONNEL STAFF ONLY

Height: _____ inches Weight: _____ lbs BP: _____ / _____ Pulse: _____ bpm

Vision: (R) ____ / ____ (L) ____ / ____ (Both) ____ / ____ Corrected? ☐ YES ☐ NO

	Normal	Abnormal	Comments
Medical			
HEENT			
Pulmonary			
Heart			
Pulses			
Abdominal			
Skin			
Other			
Orthopedic			
Head/Neck			
Back			
Shoulder			
Elbow			
Wrist/Hand			
Hip			
Knee			
Ankle			
Foot			
Other			

CLEARED **NOT CLEARED** **CLEARANCE PENDING** (comments below)

Comments: _____

_____

_____

Physician's Signature _____ **Date** _____ '21-'22