

Pre-Participation Physical Evaluation

Please Print

Date of Exam: _____

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Body fat (optional): _____ %

Pulse: _____ BP (Initial BP): _____ Post Exercise: _____ 5 Min. post exercise: _____

Vision: R 20/____ L 20/____ Corrected Y __N __ Pupils: ____Equal ____Unequal

Medical	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow /Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

Clearance

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type): _____ Date _____

Address: _____ Phone: _____

Signature of Examiner: _____