

PREPARTICIPATION PHYSICAL SCREENING- PHYSICAL EXAMINATION

Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
General Appearance			
Eyes/Ears/Nose/Throat			
Teeth			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Hernia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back/Spine			
Shoulder/Arm			
Elbow/forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

PHYSICIAN'S CLEARANCE

- Cleared for Full Participation
- No Participation: _____
- Reason: _____
- Able to participate with the following limitations: _____
- _____

Signature of Physician: _____ Date _____

For Office Use Only:

Fines Cleared: Fall Winter Spring

Contribution Fee Paid: Fall Winter Spring

