

ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

CONTESTANT INFORMATION (Please print clearly)

Contestant's Name: _____

Sport: _____ Sex: M F (circle one) Age: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

PHYSICIAN INFORMATION:

Name: _____ Phone: _____ Fax: _____

Address: _____

City/State/Zip: _____

EXAMINATION DATE: _____

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____ / _____ PULSE: _____ bpm.

VISION: R 20/ _____ L 20/ _____ CORRECTED: Y / N CONTACTS: Y / N GLASSES: Y / N indicators

	Normal	Abnormal Findings/Comments
	Circle one	
Head/Neck	YES	NO
Eyes/Sclera/Pupils	YES	NO
Ears	YES	NO
Nose/Mouth/Throat	YES	NO
Heart: Murmurs/Rhythms	YES	NO
Lungs: Auscultation/Percussion	YES	NO
Chest Contour	YES	NO
Skin	YES	NO
Abdomen: Assessment (incl.liver,spleen)	YES	NO
Tanner Stage:	YES	NO
Testes/Onset of Menses	YES	NO
Neck/Back/Spine	YES	NO
Range of Motion:	YES	NO
Scoliosis	YES	NO
Upper Extremities	YES	NO