

NEBRASKA STATE ATHLETIC COMMISSION
1313 FARNAM STREET; OMAHA, NEBRASKA 68102
PHONE: 402-595-1624; FAX: 402-595-1631

ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

CONTESTANT INFORMATION (Please print clearly)

Contestant's Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

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

Normal

Circle one

Findings/Comments

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 (including 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	

With my signature, I hereby waive all provisions of HIPAA and give my informed consent for the release of all medical records, testing results, to include blood testing results for HEP B & C and HIV to the Nebraska Athletic Commissioner or his/her designated representative. This information may only be used for statutory compliance, prevention of fraud or treatment of any injuries sustained during scheduled and approved bouts.

CONTESTANT SIGNATURE: _____

DATE: _____

PROVIDER SIGNATURE: _____

DATE: _____