



2019 – 2020 Sports Physical Form

Did you remember to:
 Have physical completed by M.D. or D.O.?
 Fill in M.D. or D.O.'s State License number?
 Get M.D. or D.O.'s address stamped or attach business

Pre-Participation Physical Evaluation

Name _____ Date of Birth _____ ID# _____

Height _____ (inches) Weight _____ (pounds) Pulse _____ (bpm) BP ____/____

Vision: R: ____/____ L: ____/____ Corrected? YES NO Pupils: Equal Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS*
GENERAL MEDICAL			
Appearance			
Eyes/Ears/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station based examination only

To be checked and signed by M.D. or D.O. ONLY (No PA or RN)

- Cleared for full participation in sports
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared Reason: _____

Recommendations/Restrictions: _____

Signature of Physician _____ Date _____

Printed Name of Physician (M.D. or D.O.):

M.D. or D.O.State License No.

Physician's Address: