## Pre-Participation Physical Evaluation (To be completed at time of physical)

PHYSICAL EXAMINAT				
Name:		Date	e of Birth:	
Height: Weight: Vision R 20/ L 20	ght:	Body fat (optional):///	Pulse: _ ) ual Unequal	
	Normal	Abnormal Findings		*Initials
MEDICAL				11-44
Appearance			vertice to produce the	
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Heart		4:		
Pulses				
Lungs		A		Trans (1989)
Abdomen		F		
Genitalia (males only)		*		1 4 3 7
Skin				
MUSCULOSKELETAL				
Neck				
Back		<b>9</b>		
Shoulder/arm		5.1		
Elbow/forearm		4		To STEPANT
Wrist/hand				WILLIAM .
Hip/thigh				
Knee				
Leg/ankle		_ =		7 23
Foot				
*Station based examination only		1		
CLEARANCE  □ Cleared  □ Cleared after completing	evaluation	rehabilitation for:		
□ Not cleared for: Recommendations:		Reason:		
		/		
		1 124		
			Date:	
Address:			Phone:	
Signature of physician:		*	M.D. or D.O.	

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