

Foothill College

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION

Name _____ Date of birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ Blood pressure _____/_____/_____

| | Normal | Abnormal findings | Initials* |
|------------------------|--------|-------------------|-----------|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/ears/nose/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

CLEARANCE

Cleared Cleared after completing evaluation/rehabilitation for:

Not cleared for: _____ Reason: _____

Recommendations:

Name of physician (print/type) _____ Date: _____

Address _____ Phone: _____

Signature of physician _____, M.D. or D.O.

FIGURE 2. Second page of Preparticipation Physical Evaluation form.

Adapted with permission from Smith DM, American Academy of Family Physicians, Preparticipation Physical Evaluation Task Force. Preparticipation physical evaluation. 2d ed. Minneapolis: Physician Sportsmedicine, 1997.