



Preparticipation Physical Examination Form

PHYSICAL EXAMINATION

This page is to be completed by the physician/nurse practitioner/physician assistant Date of Exam _____

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____

Vision R 20 / ____ L 20 / ____ Corrected: Y N Flexibility: _____

| | Normal | Abnormal Findings | | Normal | Abnormal Findings |
|--|--------|-------------------|--|--------|-------------------|
| Medical | | | Musculoskeletal | | |
| Appearance | | | Back | | |
| Eyes/Ears/Nose/Throat | | | Neck | | |
| Lymph Nodes | | | Shoulder/Arm | | |
| Heart | | | Elbow/Forearm | | |
| Pulses | | | Wrist/Hand | | |
| Lungs | | | Hip/Thigh | | |
| Abdomen | | | Knee | | |
| Genitalia (males only) | | | Leg/Ankle | | |
| Skin | | | Foot | | |
| Doctor's Signature: _____ Printed Name: _____ <input type="checkbox"/> MedStar PCSM <input type="checkbox"/> MedStar PromptCare <input type="checkbox"/> Other | | | Doctor's Signature: _____ Printed Name: _____ <input type="checkbox"/> MedStar Orthopaedics <input type="checkbox"/> MedStar PCSM <input type="checkbox"/> Other | | |

*Station-based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for:

Not cleared for sports

Reason: _____

medstaratc@medstar.net
888-44-SPORT (888-447-7678) **PHONE**