

# HILLTOPPER ATHLETICS

## Pre-Participation Physical Evaluation: Physical Examination Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Physical Examination:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Vision: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart Auscultation in the supine position			
Heart Auscultation in the standing position			
Heart – Lower extremity pulse			
Pulses			
Lungs			
Abdomen			
Skin			
Musculoskeletal	Normal	Abnormal Findings	Initials*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

### Physician's Recommendation for Collegiate Physical Activity:

- \_\_\_ 1. There are no history or findings on exam that would prohibit this student from participating in athletics and/or club activities.
- \_\_\_ 2. This student should have the following health problems evaluated or treated prior to participation in athletics and/or club activities: \_\_\_\_\_
- \_\_\_ 3. The following health problems would prohibit this student from participation in athletics and/or club activities: \_\_\_\_\_

Physician's Signature: _____	Date: _____
Printed Name: _____	
Address: _____	
Physician's Phone: _____	