

Athletic Participation Examination Sheet

Name _____ Athletic Program _____

Date of Birth _____ Social Security Number _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Vision (R) _____ (L) _____ Both _____ Corrected _____

Normal	Abnormal	Comments
		General Appearance
		Head
		Eyes
		Ears, Nose and Throat
		Lymphatics
		Neck
		Chest
		Heart
		Pulses
		Abdomen
		Hernia
		Genital (Males Only)
		Skin
		Spine
		Shoulders
		Elbows
		Wrist/Hands
		Hips/Thighs
		Knees
		Ankles
		Feet

Additional comments and medical history notes: _____

ATHLETIC PARTICIPATION: _____ Date _____	_____ Approved
	_____ Approved with limitations _____
	_____ NOT Approved
	_____ Action Needed for Clearance _____

Physician's Name _____ Physician's Signature _____

*** IMPORTANT: Athletic physical with cardiac screening must be completed by a MD or DO.**