

**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: \_\_\_\_\_

\_\_\_\_\_

<b>ATHLETIC PARTICIPATION:</b>  _____ Date	_____ Approved
	_____ Approved with limitations _____
	_____ NOT Approved
	_____ Action Needed for Clearance _____

Physician's Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_

**\* IMPORTANT: This form must be completed by a MD or DO for cardiovascular purposes.**