



PHYSICAL EXAMINATION FORM - To be completed by a medical doctor
(Part 2 of the Pre-Participation Evaluation)

Athlete Name: _____

Date of Birth: _____

Thank you for agreeing to complete a pre-participation physical examination of the above-named athlete. The physical examination is one part of the Huskie Athletics Pre-Participation Physical Evaluation (PPE). The purpose of such an evaluation is to screen for medical conditions that could be disabling or life-threatening to athletes, as well as to screen for any conditions that may pre-dispose an athlete to injury or illness.

Prior to coming to your office today, each athlete will have completed and brought with them, a Pre-Participation History Form. It is a detailed screening questionnaire about general health as well as specific conditions and how they relate to sport. Prior to examination of the athlete today, we would ask that you please review the Pre-Participation History Form with them.

I have read and reviewed the Pre-Participation History Form with the athlete.

EXAMINATION		
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>
BP /	Pulse	Vision R 20/ L/20 Corrected Y <input type="checkbox"/> N <input type="checkbox"/>
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus escavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal - Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, supine, +/- valsalva) - Other		
Pulses - Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		

Back		
Shoulder /Arm		
Elbow / Forearm		
Wrist / Hand / Fingers		
Hip / Thigh		
Knee		
Leg / Ankle		
Foot / Toes		
Functional Screen - Upper Extremity - Lower Extremity		

Recommendations for Participation

- Cleared for participation without restrictions
- Cleared for participation without restrictions with recommendation for further evaluation by _____ for the specified injury _____
- Not Cleared
 - Pending further evaluation for _____
Scheduled evaluation on _____
 - For any participation due to _____

Name of physician _____ Date _____

Signature of physician _____ Phone # _____