



# Concordia University Sports Medicine

Preparticipation Physical Evaluation



**Physical Examination**

Name: _____		Date of birth: _____	
Height: _____	Weight: _____	Pulse: _____	BP: _____
Vision R 20/____ L 20/____		Corrected: Y N	Pupils: Equal ____ Unequal ____

	Normal	Comments	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Mouth & Teeth			
Lymph Nodes			
Heart			
Murmur			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Other			
Musculoskeletal	Normal	Comments	Initials
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

<b>Status</b>	Cleared for full activity _____	
	Cleared but with restrictions _____	
	Not cleared for activity _____	

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Physician/Practitioner (print or type): _____	
Address: _____	Phone: _____
Signature: _____	Date: _____