

Howard College Athletic Department

Pre-participation Physical Evaluation

Name _____ Sport _____

Sex _____ Age _____ Date of Birth _____ Height _____ Weight _____

Pulse _____ BP ___ / ___ Vision R 20/___ L 20/___ Corrected Y N

To Be Completed By Physician Only **Normal** **Abnormal Findings** **Initials***

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-lower extremity pulses			
Pulses			
Lunges			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata (arachnodactyly, Pectus excavatum, joint hypermobility, scoliosis)			

Musculoskeletal	Normal	Abnormal Findings	Initials*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

* Station-based examination only

Clearance (Please check one below)

Cleared

Cleared after completing evaluation/rehabilitation for _____

Not Cleared for: _____ Reason _____

Recommendations: _____

The following information must be filled in and signed by either a **Physician**, or a **Physician's Assistant** licensed by a State Board of Physician's Assistant Examiners, A Registered Nurse recognized as an **Advanced Practice nurse** by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner, will not be accepted

Name (print or type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice or game (both in-season and out-of-season)

Updated 5-24-18