## PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

(Physicals are valid for one year after date of exam)

Name:	Birth Date:	Exam Date:					
Address: _	City:	Zip:					
Phone:	Phone: Sport:						
HISTORY							
	***** ATHLETE SHOULD NOT WRITE BELOW						
EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):							

## PHYSICAL EXAMINATION

				Optional		
Age:		Pulse:		Urinalysis:		
Height	:	Blood Pressure:		Body Fat %		
Weight	t:	Visual Acuity: Left 20/ Right 20/		HCT:		
		Kight 20/		EST VO2 Max:		
				Audiometry:		
Norma	I	At	onormal			
	1.	Head				
	2.	Eyes (pupils), ENT				
	3.	Teeth				
	4.	Chest				
	5.	Lungs				
	6.	Heart				
	7.	Abdomen				
	8.	Genitalia				
	9.	Neurologic				
	10.	Skin				
	11.	Physical Maturity				
	12.	Spine, Back				
	13.	Shoulders, Upper extremities				
	14.	Lower extremities				
Assessment:  Full participation						
		Limited participation (describ	e limitation	ns, restrictions):		
Participation contraindicated (list reasons):						
		/ · · · · · · · · · · · · · · · · · · ·				
Recommendations (equipment, taping, rehabilitation, etc.):						
DATE: EXAMINER'S SIGNATURE:						
EXAMINER'S PHONE: ( ) PRINT EXAMINER'S NAME:						