Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name						Date of Birth				
HeightWeight_	% Body Fat (optional)		Pulse	BP	/	(_/		_/	
Vision R 20/ L 20	/Correcte	d: Y N	Pupils: Equ	ual	_ Une	qual				
·	NORMAL	ABN	ORMAL FINDI	NGS	4:			TINIT	IALS*	
MEDICAL							<u></u>	 	,,,,,	
Appearance					***************************************			1	***************************************	
Eyes/ears/nose/throat						***************************************		1		
Hearing				***************************************		-		1		
Lymph nodes						***************************************				
Heart								1		
Murmurs		***************************************						1	***************************************	
Pulses							***************************************	+		
Lungs				*****						
Abdomen								1		
Genitourinary (males only)+					***************************************		***************************************	1		
Skin									***************************************	
MUSCULOSKELETAL		***************************************				***************************************				
Neck						***************************************	***************************************			
Back										
Shoulder/arm		MATERIAL TO A STATE OF THE PARTY OF THE PART		1-40			***************************************			
Elbow/forearm						······································	***************************************			
Wrist/hand/fingers		***************************************	***************************************		-			<u> </u>		
Hip/thigh		New York Control of the Control of t					***************************************	<u> </u>		
Knee					***************************************					
Leg/ankle								 		
Foot/toes										
*Multiple-examiner set-up only. +Having a third party present is recommende	d for the genitourinary examination	on	1800000 to 1900 year of the state of the sta		A			<u> </u>		
Notes:							***************************************			
Name of physician (print/type)))oto	######################################		
Name of physician (print/type)Address										
Signature of physician						лie		, MD		

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