



2018 – 2019

Did you remember to:
 Have physical completed by M.D. or D.O.?
 Fill in M.D. or D.O.'s State License number?
 Get M.D. or D.O.'s address stamped or attach business

This Form or Kaiser Computer Form is Acceptable Only

Pre-Participation Sports Physical Evaluation

Name _____ Date of Birth _____ ID# _____

Height _____ (inches) Weight _____ (pounds) Pulse _____ (bpm) BP ____/____

Vision: R: ____/____ L: ____/____ Corrected? YES NO Pupils: Equal Unequal

	NORMAL	ABNORMAL FINDINGS	INITIALS*
GENERAL MEDICAL			
Appearance			
Eyes/Ears/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station based examination only

To be checked and signed by M.D. or D.O. ONLY (No PA or RN)

- Cleared for full participation in sports
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared Reason: _____

Recommendations/Restrictions: _____

Signature of Physician _____ Date _____

Printed Name of Physician (M.D. or D.O.):

M.D. or D.O.State License No.

Physician's Address: