Puget Sound Adventist Academy

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Pre-participation Physical Exam – Physician Evaluation Form

Name _____ Date of Birth _____

Height: _____ Weight _____ Pulse _____ BP _____/_____ (_____/_____) Male____ Female_____

Vision R 20/_____ L 20/_____ Corrected: Y N (contacts/ glasses) Pupils: Equal_____ Unequal _____

MEDICAL HISTORY	
Do you have any ongoing medical conditions? ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Chronic Infections ☐ Heart Problems ☐ Hearing Loss ☐ Nosebleeds ☐ Scoliosis ☐ Seizure Disorder ☐ Other:	Have you had any surgeries? ☐ Yes ☐ No - If yes, please explain:
Have you ever had a previous concussion? ☐ Yes ☐ No - If yes, please give date(s):	Do you have any chronic orthopedic problems? ☐ Yes ☐ No If yes, please explain:

Please Initial

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder / Arm		
Elbow / Forearm		
Wrist / Hand / Fingers		
Hip / Thigh		
Knee		
Leg/ Ankle		
Foot		

☐ Cleared

☐ Cleared after completing evaluation/ rehabilitation for: _____

_____

☐ Not Cleared for (Reason/ Recommendations): _____

_____

Restrictions:

Allergies:

Name of Physician (print/type)_____ Phone _____

Address _____

Signature of Physician _____, MD or DO Date _____