

# Vernon College

## 2018-2019 Pre-participation Examination

Name \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )

Vision L 20/ \_\_\_\_\_ R 20/ \_\_\_\_\_ Corrected Y/N \_\_\_\_\_ Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>Medical Appearance</b>			
<b>Eyes/Ears/Nose/Throat</b>			
<b>Lymph Nodes</b>			
<b>Heart</b>			
1. Precordial Auscultation (supine and standing)			
2. Marfan Syndrome			
3. Assessment of femoral artery			
<b>Lungs</b>			
<b>Abdomen</b>			
<b>Genitals (males only)</b>			
<b>Skin</b>			

### MUSCULOSKELETAL

<b>Neck</b>			
<b>Back</b>			
<b>Shoulder/Arm</b>			
<b>Elbow/Forearm</b>			
<b>Wrist/Hand</b>			
<b>Hip/Thigh</b>			
<b>Knee</b>			
<b>Leg/Ankle</b>			
<b>Foot</b>			

\_\_\_\_\_ Cleared

\_\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

**Recommendations:** \_\_\_\_\_

Name of Physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician: \_\_\_\_\_