

Vernon College Athletic Department

2019-2020 Pre-participation Examination Form

Name _____ SS# _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP _____ / _____ (_____ / _____)

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

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

MUSCULOSKELETAL

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

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print/type) _____ Date _____

Address: _____ Phone _____

Signature of Physician: _____