

**William Penn University Sports Medicine Department  
Pre-Participation Physical Form**

Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex: M / F  
 Age: \_\_\_\_\_

Vision: L _____	R _____	Height: _____
Pupils: L _____	R _____	Weight: _____
Glasses: Y / N	Contacts: Y / N	Blood Pressure: ____/____
Eye Protection: Y / N		Pulse: _____ Resp: _____

**MEDICAL EXAM**

	Normal	Abnormal	Comments
HEENT Head			
Ears			
Mouth			
Throat			
Nose			
Dental			
Thyroid			
Lymph nodes			
Lungs			
Heart/Murmur			
Abdomen			
Genitalia			
Hernia			
Skin			

**MUSCULOSKELETAL**

	ROM (WNL or Deficits)	Strength (5,4,3,2,1)	Reflexes (3,2,1,0)	Flexibility (WNL or Deficits)
Cervical Spine			Biceps C5	Quadriceps
Shoulders			Triceps C7	Hamstrings
Elbows			Patellar L4	
Wrists/Hands/Fingers			Achilles S1	
Thoracic Spine/Ribs				
Lumbar Spine				
Hips				
Knees				
Ankles				
Feet/Toes				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLEARANCE FOR ATHLETIC PARTICIPATION (Fill out the following information below or physical is incomplete.)**

<b>Initial if acceptable:</b>	Med Hx Norm: _____	Med Exam Norm: _____	Musculoskeletal Exam Norm: _____
<b>Athlete is cleared to participate in:</b>	Collision Sports: _____	Contact Sports: _____	Non-Contact Sports: _____
<b>Reason for not clearing:</b>	<b>Modifications or exceptions:</b>		

I certify that the athlete has been evaluated in the areas as indicated above to be physically fit to participate in intercollegiate athletics.

\_\_\_\_\_  
 Physician Signature Printed Name Date

I do not know of any existing physical condition or additional health reason that would preclude my participation in sports. I hereby authorize the release the information contained in this document to the WPU Sports Medicine staff. Upon written request, I may receive a copy of this document for my personal health care provider.

\_\_\_\_\_  
 Student-Athlete Signature Date

\_\_\_\_\_  
 Parent Signature required if athlete is under 18 Date