

**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.)

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

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 (MD, DO, PA, or NP Only) _____ Stamp from Physician's Office (Must have stamp or form is invalid) _____ 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 _____