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## TU Athletic Training Program – Pre-participation Physical Exam

Name \_\_\_\_\_ DOB \_\_\_\_\_

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

Medical	Normal	Abnormal	Initials	Musculoskeletal	Normal	Abnormal	Initials
Appearance				Neck			
Eyes/Ears/Nose/ Throat				Back			
Lymph Nodes				Shoulder/arm			
Heart				Elbow/Forearm			
Pulses				Wrist/Hand/ Fingers			
Lungs				Hip/Thigh			
Abdomen				Knee			
Genitourinary (Males Only)				Leg/Ankle			
Skin				Foot/Toes			

Notes: \_\_\_\_\_

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

Necessary Labs/X-Rays: \_\_\_\_\_

### Clearance Status:

NOT CLEARED REASON(S): \_\_\_\_\_

CLEARED CLEARANCE DATE: \_\_\_\_\_

Name of Physician with credential (print/type): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician with credential: \_\_\_\_\_ *Revised March 2010*