

STEP 5:

Physician's Examination

Athletic Pre-Participation Physical Evaluation

Eastern Mennonite University Athletics -- 1200 Park Road -- Harrisonburg, VA 22802-2462

Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP(R) _____ or (L) _____ Pulse _____ Pupils _____ Sex: M F

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Any missing or nonfunctioning organs? _____

	Normal	Abnormal Findings
Lungs/Chest		
Heart		
Pulses		
Skin		
Eyes/Ears/Nose/Mouth		
Neck/Nodes/Thyroid		
Abdominal		
Genitalia		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist/Hands		
Back		
Knees		
Ankles/Feet		
Reflexes		
Other		
Educational materials given to athlete: Self-Testicular Exam: Y / N Self-Breast Exam: Y / N		

Clearance: A. Cleared for all sports
 B. Cleared after completing evaluation/rehabilitation for: _____
 C. Not cleared for: Collision Contact Non-contact Strenuous/ Moderately Strenuous/Non-strenuous

Comments: _____

Date of Examination: _____

Printed Name of Examiner: _____

Signature of Examiner: _____ (MD, DO, PA, NP)

Address: _____
Street/Route City State Zip Code

Phone: _____