

SPORT OF PARTICIPATION _____

Biola University Athletics Preparticipation Sports Physical Examination

PLEASE LIST
DRUG ALLERGIES

Name (LAST, FIRST, MI) _____ Age _____ Date of Birth _____

Sex: M F Height _____ Weight _____ Pulse _____ B/P: (L) _____ (R) _____

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

TB Test Required (*Mantoux* only) Date applied _____ Date read _____ Results _____

<u>MEDICAL</u>	NORMAL	ABNORMAL FINDINGS
Appearance/Emotional Affect		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (Males only)		
Breasts (Females only)		
Skin		
LAB (Must be completed): UA: Glucose _____ Protein _____		Hct or Hgb: _____
<u>MUSCULOSKELETAL</u>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

Cleared Cleared after completing evaluation/rehabilitation for: _____

Not Cleared Reason: _____

Recommendations: _____

SIGNATURE OF M.D. _____ DATE OF EXAM _____
OFFICE STAMP _____

PRINTED NAME _____

PHONE NUMBER _____

Adopted from the 1997 American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.