

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

<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		
<u>MUSCULOSKELETAL</u>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

### CLEARANCE

- Cleared for participation in athletics.
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not Cleared Reason: \_\_\_\_\_

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

DATE OF EXAM \_\_\_\_\_

SIGNATURE OF M.D., PA, OR NP \_\_\_\_\_ 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.*