University of Vermont Athletic Medicine

**STUDENT ATHLETE PRE-PARTICIPATION PHYSICAL EXAMINATION**

97 Spear St, 140 Patrick Gym Burlington, VT 05405

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 95#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BP \_\_\_\_\_ /\_\_\_\_\_

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected **Y N** Pupils: Equal\_\_\_\_ Unequal\_\_\_\_\_

Current Medications:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Normal** | **Abnormal Findings** |
| **Medical** |  |  |
| Appearance |  |  |
| Eyes/Ears/Nose/Throat |  |  |
| Lymph Nodes |  |  |
| Heart |  |  |
| Pulses |  |  |
| Lungs |  |  |
| Abdomen |  |  |
| Genitalia (males only) **\*OPTIONAL\*** |  |  |
| Skin |  |  |
| Neurologic |  |  |
| **Musculoskeletal** |  |  |
| Neck |  |  |
| Back |  |  |
| Shoulder/Arm |  |  |
| Elbow/Forearm |  |  |
| Wrist/Hand |  |  |
| Hip/Thigh |  |  |
| Knee |  |  |
| Ankle |  |  |
| Foot |  |  |

**Sickle Cell Trait Lab Result (REQUIRED)**

­­­\_\_Positive \_\_Negative

**Clearance**

\_\_ Cleared

\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_