FORDHAM UNIVERSITY
PREPARTICIPATION PHYSICAL
EVALUATION PHYSICAL
EXAMINATION FORM

NAME:				
Height	Weight		Male	Female
BP / (/) (/)	Pulse		Vision: R 20/	L 20/ Corrected Yes No

MEDICAL			NORMAL	ABNORMAL FINDINGS
Appearance				
Eyes/Ears/Nose/Throat				
Head/Neck				
Heart) - Heart Rhythm				
-Heart Murmur: Systolic murmur Grade 2 or less	Yes	No		Location -
Systolic murmur Grade 3 or more	Yes	No		Location -
Does murmur increase with Valsalva	Yes	No		
Diastolic murmur	Yes	No		Location -
Delay in femoral pulses?	Yes	No		
Marfan Criteras (chest deformities, long arms and legs, flat footedness, scoliosis, lens dislocation,etc.)	Yes	No		
Pulses				
Abdomen				
Hernia				
Genital				
Skin				
Lymphatics				
Lungs				

ORTHOPEDICS	NORMAL	ABNORMAL FINDINGS
Shoulders		
Elbows		
Wrist/Hands		
Back		
Hips		
Knees		
Ankle/Feet		
Neurological - reflexes		

☐ **Cleared for all sports without restriction**

☐ **Cleared for all sports without restriction with recommendations for further evaluation or treatment for**: _____

☐ **Not cleared**

☐ Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (print/type) _____ Date _____

Clinic Address _____ Phone _____

Signature of Physician _____ MD or DO