

Lewis & Clark College Sports Medicine - Preparticipation Physical Evaluation
To be completed by a physician

Student-Athlete Name: _____ Date of Examination: _____

Date of Birth: _____ Sport(s): _____

****NOTE TO PHYSICIAN****

PLEASE REVIEW THE LEWIS & CLARK SPORTS MEDICINE HEALTH HISTORY INFORMATION

Height: _____ **Weight:** _____ **Pulse:** _____ **Blood Pressure:** _____ / _____

Visual Acuity: **Right** 20/____ **Left** 20/____ **Corrected:** Yes No **Pupils:** Equal____ Unequal:____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eye/Ears/Nose/Throat		
Lymph Nodes		
Heart* <ul style="list-style-type: none">Murmurs (auscultation standing, supine, +/- Valsalva)Location of point of maximal impulse (PMI)		
Pulses <ul style="list-style-type: none">Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin <ul style="list-style-type: none">HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Hand/Wrist/Fingers		
Hip/Thigh		
Leg/Ankle		
Foot/Toes		
*Consider, ECG, Echocardiogram, and referral to cardiology for abnormal cardiac history or exam		

ASSESSMENT (Please Initial Appropriate Assessments)

_____ **APPROVED FOR PARTICIPATION IN INTERCOLLEGIATE ATHLETICS WITHOUT RESTRICTION.**

The medical history of the above named individual has been reviewed and this person is physically fit to participate in intercollegiate athletics. The athlete does not present apparent clinical contraindications to practice and participate in intercollegiate athletics without restrictions.

_____ **NOT APPROVED for participation in intercollegiate athletics** Reason: _____

Recommendations: _____

Name of Provider (print or type): _____ Phone: _____

Signature of Provider: _____ MD/DO/PA/FNP Date: _____