



## PRE-PARTICIPATION PHYSICAL FORM

Athlete's Name: _____				Sport(s): _____	
Last	First	Middle	Nickname		
SSN: _____	Date of Birth: _____	Age: _____	Sex: _____		
School ID: _____	Year: FR SO JR SR	Red Shirt: Y N			

**Please circle one: NEW /TRANSFER (or) RETURNING ATHLETE TO LEE UNIVERSITY**

### Physical Exam

**ALL SECTIONS REQUIRED TO BE FILLED OUT BY PROVIDER AT TIME OF PHYSICAL EXAM**

#### Vital Signs

Height: _____
Weight: _____
Pulse: _____
Blood Pressure: _____
Vision Exam: <input type="checkbox"/> Without Correction <input type="checkbox"/> With Corrective Lenses
Right: _____ Left: _____

#### General Physical Examination

	Normal	Abnormal	Not Examined	Comments	Dr. Initials
Eyes					
Ears, Nose, Throat					
Cardiovascular					
Chest and Lungs					
Abdomen					
Genitalia-Hernia					
Skin and Lymphatics					

#### Musculoskeletal Assessment

	R	L	Comments		R	L	Comments
Spine/Neck				Ankle			
Shoulder				Foot/Toes			
Elbow				Functional: Duck walk			
Wrist/Hand/Fingers				Functional: Single leg squat			
Hip/Thigh				Functional: Single leg hop			
Knee				Hamstring flexibility			

#### Laboratory Data (\*\*This is required if NEW or TRANSFER student-athlete\*\*)

Urinalysis: Glucose \_\_\_\_\_ Protein: \_\_\_\_\_ Specific Gravity: \_\_\_\_\_

Hgb: \_\_\_\_\_ (CBC preferred)

Sickle Cell Trait: SC Trait (+): \_\_\_\_\_ SC Trait (-): \_\_\_\_\_ (verified documentation of test result required by NCAA)

\*EKG: Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_ explain: \_\_\_\_\_

\*(EKG's recommended for all athletes and required for Men's basketball and Track due to increased prevalence)



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall Physical Exam Results:**

- ☐ Cleared for all sports without restriction  
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for : \_\_\_\_\_

☐ Not Cleared

☐ Pending further evaluation

☐ For any sports

☐ Certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

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

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in sport(s) as outlined above. 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 if under 18 years old).**

Name of physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Comments: