LEE UNIVERSITY FLAMES

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: □ Without Correction □ 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: _____

Please attach copy of EKG to physical exam

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

NAME:_____ DOB:_____

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).

(Any athlete who is "not cleared" or "cleared without restriction with recommendations" is required to follow up with a Lee University physician for final clearance before sport participation)

Name of physician (print/type): _____ Date: _____

Physician's Signature: _____ Date: _____

Name of clinic: _____

Address: _____Phone: _____

Additional Comments: