

**University of North Carolina Asheville
Athletic Pre-Participation Physical Exam**

Name: _____	Date: _____
Sport: _____	Date of Birth: _____
Grade (Athletically): Freshman Sophomore Junior Senior Transfer	

Physician Use Only

Height(in.): _____ **Weight(lbs):** _____ **Blood Pressure:** _____ **Pulse:** _____

Vision: Right 20/____ Left 20/____ **Corrected:** Right 20/____ Left 20/____ Both 20/____

Heart: Heart Inspection _____ Palpation _____

Rhythm _____ Sounds/Murmurs _____

Genitalia: _____ Not Examined: _____

	Satisfactory?	Physician Comments	Follow-Up
Skin	Y N	_____	Y N
Head	Y N	_____	Y N
Ear, Nose, Throat	Y N	_____	Y N
Eyes	Y N	_____	Y N
Neck	Y N	_____	Y N
Thorax & Lungs	Y N	_____	Y N
Abdomen	Y N	_____	Y N
Urine	Y N	_____	Y N
Allergies	Y N	_____	Y N

Musculoskeletal

General Posture/ROM/Deformities/Scars: _____

Neck/Cervical-Spine/Back: _____

Lower Extremity:

Hip	Y N	_____	Y N
Thigh	Y N	_____	Y N
Knee	Y N	_____	Y N
Shin	Y N	_____	Y N
Calf	Y N	_____	Y N
Ankle	Y N	_____	Y N
Foot	Y N	_____	Y N
Toes	Y N	_____	Y N

Upper Extremity:

Shoulder	Y N	_____	Y N
Upper Arm	Y N	_____	Y N
Elbow	Y N	_____	Y N
Forearm	Y N	_____	Y N
Wrist, Hand,	Y N	_____	Y N
Fingers	Y N	_____	Y N

Athletic Participation Approved? Y N

Additional Comments/Limitations: _____

Physician's Signature _____ **Date:** _____
Print Name: _____ **Phone Number** _____