

## NCSAA PRE-PARTICIPATION PHYSICAL EVALUATION

<b>PHYSICAL EXAMINATION</b>		DATE OF EXAMINATION: _____	
NAME: _____		DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	% BODY FAT (optional): _____	PULSE: _____ BP: ____/____ (____/____, ____/____)
VISION: R 20/ _____	L 20/ _____	CORRECTED: Y / N	PUPILS: Equal _____ Unequal _____

<u>MEDICAL</u>	NORMAL /ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

**CLEARED** after completing evaluation/rehabilitation for: \_\_\_\_\_

**NOT CLEARED FOR:** \_\_\_\_\_ **REASON:** \_\_\_\_\_

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

**Name of physician (print/type):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  

Street
City
State
Zip Code

I, \_\_\_\_\_ hereby certify that I am a licensed \_\_\_\_\_, qualified to perform NCSAA Pre-Participation Evaluations, and that on the date set forth below I performed all aspects of the NCSAA Pre-Participation Evaluation on the above student. This student meets all physical examination requirements for participation in NCSAA sanctioned sports.

\_\_\_\_\_  
**Signature of Health Practitioner**                      **License Number**                      **Office Phone Number**                      **Date**