Marietta College Sports Medicine Pre-Participation Physical Exam Form
(to be completed by evaluating physician)

Athlete's Name_____ Date_____
Height_____ Weight_____Age_____ BP_____
Vision R 20/_____ L 20/_____ Corrected Y N
Urinalysis_____

	Normal	Abnormal Findings	Initials
Cardiopulmonary	_____	_____	
Heart	_____	_____	
Pulses	_____	_____	
Lungs	_____	_____	
Skin	_____	_____	
Abdominal	_____	_____	
Genitalia	_____	_____	
Hernia	_____	_____	
Musculoskeletal	_____	_____	
Neck	_____	_____	
Shoulder	_____	_____	
Elbow	_____	_____	
Wrist	_____	_____	
Hand	_____	_____	
Back	_____	_____	
Knee	_____	_____	
Ankle	_____	_____	
Foot	_____	_____	

Clearance:

A. Cleared
B. Cleared after completing evaluation/rehabilitation for:_____
C. Not cleared for: ____Collision
____ Contact
____ Not contact ___Strenuous ___Moderately Strenuous ___Non Strenuous

Due to:_____

Recommendation:_____
_____
_____
_____

Signature of Physician_____