

Tennessee State University Sports Medicine



Pre-Participation Physical Examination

(Please PRINT all information CLEARLY USING ONLY BLACK OR BLUE INK)

Athlete Acknowledgement Statement

I _____ thoroughly understand and acknowledge that the Pre-participation physical examination is being conducted to determine my overall level of general health and physical well being. I further understand and acknowledge (in writing) that should this examination discover or uncover ANY congenital or pre-existing medical condition or injury, the sports medicine staff and the athletic administration is not financially responsible for any required services by physicians or healthcare facilities, and has the legal right to disqualify my participation.

Athlete's Signature: _____

Date: _____

GENERAL MEDICAL SCREEN

Height: ____ ft. ____ in. **Weight:** ____ lbs. **Vision:** (right eye) ____/____ (left eye) ____/____

Blood Pressure: ____/____ **Resting Pulse Rate:** ____

Comments: _____ Conducted By: _____

SKIN, SCALP, AND NAILS

Skin: Acne: ____ Moles: ____ Rashes: ____ Scars: ____ Comments: _____

General Condition of Scalp: Normal: ____ Abnormal: ____ Comments: _____

Finger & Toe Nails: Brittle: ____ Discolored: ____ Fungus: ____ Comments: _____

Conducted By: _____

MOUTH AND DENTAL EXAMINATION

General Condition of Teeth: Missing: ____ Chipped: ____ Fillings: ____ Caps: ____ Braces: ____ Dentures or Partials: ____

General Condition of Mouth and Gums: Good: ____ Fair: ____ Poor: ____

Comments: _____ Conducted By: _____

GENERAL EXAMINATION

Heart Sounds: Normal ____ Abnormal ____ **Lung Sounds:** Normal ____ Abnormal ____ **Ears:** Normal ____ Abnormal ____

Nose: Normal ____ Abnormal ____ **Bowel Sounds:** Normal ____ Abnormal ____ **Hernia Exam:** Normal ____ Abnormal ____

Comments: _____ Conducted By: _____

ORTHOPEDIC SCREENING EXAMINATION

Cervical Spine	Flexion, Extension, Rotation, Lateral Bending, Resistance, Compression	Normal ____	Abnormal ____
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Lumbar Spine	Trunk Flexion, Extension, Rotation, Lateral Bending	Normal ____	Abnormal ____
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Shoulders	A/P Translation, Sulcus, Empty Can, Apprehension, Yergason's, Hand Cuff, Strength Tests	Normal ____	Abnormal ____
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Elbows	Flexion, Extension, Pronation/Supination, Valgus/Varus, Reflex, Strength Tests	Normal ____	Abnormal ____
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Hands	Flexion, Extension, Dexterity, Intrinsic, Ulna/radial Deviation, Strength Tests	Normal ____	Abnormal ____
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Knees	Valgus/Varus, Anterior/Posterior Drawer, Lachman's, McMurry's, Pivot Shift, Patella Grind Test	Normal ____	Abnormal ____
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Calves/Ankles	Anterior Drawer, Talar Tilt, Hop on one foot, dorsi & plantar flexion, Achilles reflex	Normal ____	Abnormal ____
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Feet	Pes Planus, Pes Cavus, Hammer Toes, Hallux Valgus	Normal ____	Abnormal ____
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Comments: _____ Conducted By: _____

CLEARANCE STATUS

_____ is: _____ Physician's Signature: _____ Date: _____
(athlete print name here)

Cleared without restrictions

Cleared with the following restrictions

NOT Cleared for the following reasons

(Photocopies of this document are deemed as valid and legal as the original)