

## NIAA PRE-PARTICIPATION PHYSICAL EVALUATION

(Physical to be completed during an athlete's first and third year of participation)

### Physical Examination

Date of Exam:

Name:						Date of Birth:						
Height		Weight		% Body Fat (Optional)		Pulse:		BP				
Vision:	R 20/		L 20/		Corrected	Yes		No		Pupils:	Equal	Unequal

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

### CLEARANCE

<b>CLEARED:</b>	
Cleared after completing evaluation/rehabilitation for:	

<b>NOT CLEARED FOR:</b>		<b>REASON:</b>	
Recommendation			

### PHYSICIAN SIGNATURE

Name of Physician (print/type)				Phone:	
Address:					
	Street	City	State		Zip

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

<b>Signature of Health Practitioner</b>	<b>Licenses Number</b>	<b>Office Phone Number</b>	<b>Date</b>