



ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM
Iowa State University Sports Medicine

Name _____ Student ID# _____ SPORT _____
 Pulse Rate _____ Temp. _____ Height _____ Weight _____ BP _____
 Vision R20/_____ L/20_____ Corr. R20/_____ L/20_____ Color vision _____

Physical Exam (Please elaborate on **any** abnormality reported in the history)

	N	ABN	Describe abnormality in detail
Head, face, and scalp			
Mouth, nose & throat (nasal septal deviation)			
Tonsils () in or () out			
Ears (T.M.'s, hearing)			
Eyes (PERRLA, EOMI)			
Neck (thyroid)			
Lymph nodes			
Lungs and chest			
Breasts			
Heart (RRR without murmur)			
Vascular system (pulses, varicosities, etc.)			
Abdomen (include hernia)			
Genitalia			
Anus – Rectal (as indicated)			
Pelvic (as indicated)			
Musculoskeletal (strength & range of motion)			
Neck			
Shoulders			
Elbows			
Hands/wrists			
Spine/Pelvis/Hips			
Knees			
Ankles			
Feet			
Skin			
Neurologic			
Psychiatric – if indicated			

Lab results: Hgb _____ Hct _____ Cholesterol _____ Sickle Cell _____ Ferritin (females mandatory)_____
 Urine SP Gr _____ Protein _____ Glucose _____ Micro _____

*****All Labs Are Mandatory*****

Assessment:

Recommendations/preventive measures:

Clearance (Check appropriate category):

- No restrictions to contact/collision
- Limited contact/impact
- No – contact
 - Strenuous Non-strenuous
- Clearance deferred until seen by team physician or specialist

Physician's Name _____

Physician's Signature _____

DATE _____