PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION

This form is not required as long as the conditions of 18.13.0 are met.

Name:	Birth Date:	Exam Date:				
Address: _	City:	Zip:				
Phone:	Sport:					
HISTORY						
1 a.						
EXAMINER						

PHYSICAL EXAMINATION

				Optional		
Age:		Pulse:		Urinalysis:		
Height	<u>:</u>	Blood Pressure:		Body Fat %		
Weight	t:	Visual Acuity: Left 20/ Right 20/		HCT:		
		Night 20/		EST VO2 Max:		
				Audiometry:		
Norma	I	At	onormal			
	1.	Head				
	2.	Eyes (pupils), ENT				
	3.	Teeth				
	4.	Chest				
	5.	Lungs				
	6.	Heart				
	7.	Abdomen				
	8.	Genitalia				
	9.	Neurologic				
	10.	Skin				
	11.	Physical Maturity				
	12.	Spine, Back				
	13.	Shoulders, Upper extremities				
	14.	Lower extremities				
Assessment: Full participation Limited participation (describe limitations, restrictions):						
Participation contraindicated (list reasons):						
Recommendations (equipment, taping, rehabilitation, etc.):						
DATE:	DATE:			INER'S SIGNATURE:		
EXAMINER'S PHONE: ()		PRINT	EXAMINER'S NAME:			