

## Long Beach State Athletic Department Preparticipation Medical Evaluation

### Physical Examination

Date of Exam: \_\_\_\_\_

Sport: \_\_\_\_\_

Last Name

First Name

Age

Date of Birth

	Height: _____	Weight: _____	BP _____ / _____	
	Vision: R 20/ _____	L 20/ _____	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pupils: _____
	Normal	Abnormal Findings	Initials	
	Cardiopulmonary			
	Pulses			
	Heart			
	Lungs			
	Eyes			
	Ears			
	Nose			
	Throat			
	Skin			
	Abdominal			
	Genitalia			
	Musculoskeletal			
	Neck			
	Extremities			
	Spine			
	Groin			
	Breasts			
	Other			

Clearance:

- a. Cleared
- b. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- c. Not Cleared for:

- Collision
- Contact
- Noncontact     Strenuous     Moderately Strenuous     Nonstrenuous

Due to \_\_\_\_\_

Remarks:

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Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_