



Brigham Young University Athletics

# PRE-PARTICIPATION PHYSICAL EXAM

Sports Medicine Department

Full Name:	Sport:	Date:
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PHYSICAL EXAMINATION	MUSCULOSKELETAL INJURIES
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Height:	Weight:	BMI:	Comments:
Blood Pressure: _____		Vision:	
Cuff Size:    Regular    Large    Thigh		Correction    yes    no	
Pulse (at rest): _____		Contact Lenses    yes    no	
General Appearance:    NDWN    ( W B O P )    ( male    female )		Eyeglasses    yes    no	
Somatotype:    thin    normal    heavy    fat    marfan			
Pupils:    L    greater than    equal to    less than    R			
Eyes:    E.O.M.-    WNL			
Ears/Nose/Throat:    WNL			
Lymph Nodes:    WNL			
Cardiac (Including Murmur):    WNL			
Neuro:    WNL			
Chest-Lungs:    WNL			
Abdomen:    WNL			
Genitalia/(Pelvic)/Hernia:    WNL			
Skin:    WNL		Allergies:	
Other/Remarks:		NKA <input type="checkbox"/>	
Doctor's Signature		If yes, list allergies: _____	

### (FOR ATHLETIC DEPARTMENT USE ONLY)

1.	<input type="checkbox"/> Unrestricted activity in Sport or events noted:	Pending:
2.	<input type="checkbox"/> No participation until _____ / _____ / _____ : and/or	Pending:
3.	<input type="checkbox"/> Conditional participation limited to:	Pending:

Comments:

  
  
  

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_