

Flagler College Pre-participation Physical Form

Physical Examination

Name: _____ Birth Date: _____ Sex: M / F
 (First) (Middle) (Last) Social Security Number: _____

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____ Sport: _____

Visual Acuity - Left: _____ Right: _____ Pupils: Equal/Unequal

	Normal	Abnormal Findings	Initials
Medical			
Ears/Eyes/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (Males Only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Clearance			
Cleared			
Cleared After Completing Evaluation/Rehabilitation For:			
Not Cleared For:			
Reason:			
Recommendations:			
Medical Examination		Musculoskeletal Examination	
Physician's Name (Print):		Physician's Name (Print):	
Physician's Signature & Date:		Physician's Signature & Date:	

*Medical History Must Be Completed Prior to Physical Examination