PRE-PARTICIPRRRRSPOR

(Wt in kg/ hgt in meters squared)

Medical	Normal	Abnormal Findings
Appearance/Emotional Affect		
Head/Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart (squatting to standing and supine)		
Pulses (include femoral)		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal	**Normal**	**Abnormal Findings**
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

☐ **May Participate in all sports, *EXCEPT* those listed below:**

_____

☐ **May Participate after completing evaluation/rehabilitation for:** _____

_____

_____

☐ **May Not Participate – Reason:** _____

_____

Recommendations: _____

_____

Signature of M.D. _____ **Date of Exam:** _____

Printed Name:_____ **Office Stamp**

Phone Number: _____

Extra Space for "YES" answers from the front: _____

_____

_____

_____

Developed 2003-2004 by the Richland County (South Carolina) School District One Task Force On Athletic Health Issues following a review of related information from the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, the South Carolina High School League and the National Federation of State High School Associations. Revised 011807 by the SCMA Medical Aspects of Sports Committee