



**FORM D -- Health Practitioner, please refer to the letter & references provided on Form C.
NIAA PRE-PARTICIPATION PHYSICAL EVALUATION
(Physical to be completed during an athletes first and third year of participation)**

PHYSICAL EXAMINATION DATE OF EXAMINATION: _____

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % BODY FAT (optional): _____ PULSE: _____ BP: ____/____ (____/____, ____/____)

VISION: R 20/ _____ L 20/ _____ CORRECTED: Y / N PUPILS: Equal _____ Unequal _____

<u>MEDICAL</u>	<u>NORMAL /ABSENT</u>	<u>ABNORMAL FINDINGS</u>	<u>EXPLAIN</u>	<u>INITIALS</u>
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARANCE

CLEARED: _____
Cleared after completing evaluation/rehabilitation for: _____

NOT CLEARED FOR: _____ **REASON:** _____

Recommendations: _____

Name of physician (print/type): _____ **Phone:** _____

Address: _____
Street
City
State
Zip Code

Signature of Health Practitioner **Date**
 Approved: February 2000