

UNIVERSITY OF TENNESSEE AT MARTIN

Sports Pre-Participation Physical Examination

Sport: _____ Ht: _____ Wt: _____

NAME _____ BP: _____/_____ Pulse: _____

Initial "normal" or "abnormal" and explain any abnormalities Vision: (R) 20/_____ (L) 20/_____ Corrected: Y "N"

Orthopedic Exam	Normal	Abnormal	Comments
Neck			
Shoulders			
Elbows			
Wrist			
Hand/Fingers			
Spine/Hips			
Knees			
Ankles			
Feet/Toes			

- CLEARED FOR UNLIMITED SPORTS PARTICIPATION
- Clear after completing evaluation/rehabilitation for _____
- Limited to specific sport activity: _____

Recommendation(s): _____

Physician's Signature: _____ Date: _____

Initial "normal" or "abnormal" and explain any abnormalities

General Medical Exam	Normal	Abnormal	Comments
HEENT			
Neurological			
Cardiovascular			
Pulmonary			
Abdomen			
Genitalia			
Skin			

- CLEARED FOR UNLIMITED SPORTS PARTICIPATION
- Clear after completing evaluation/rehabilitation for _____
- Limited to specific sport activity: _____

Recommendation(s): _____

Physician's Signature: _____ Date: _____

Deferred until: _____ Initial: _____