

Salem International University Pre-Participation Physical Assessment **DATE:** _____

Last Name: _____ First Name: _____ Circle One: Male / Female

Sport _____ Year: Fresh/Soph/Jr/Sr Date of Birth _____ SSN/ID# _____ - _____ - _____

Examination Date: _____ Time of day: _____ Evaluation by: _____

Height (in): _____ Weight (lbs) _____ BP _____ Pulse (resting) _____

Visual Acuity: R 20/ _____ with/without correction L 20/ _____ with/without correction

Do you wear contacts/glasses? _____ Hard or Soft Disposables? _____

Head: _____ Neck: _____

ENT: _____

Dental: _____

Chest: _____ Brest Tissue: _____

CV: _____ Heart Murmur: _____ Heart Rhythm: _____

Lungs: _____ Respiration: _____

CNS: _____ Reflexes: _____ Coordination: _____

ABD: _____ GU: _____

Skin: _____ (MALES) Hernia: _____

MUSCULOSKELETAL: _____ Spine/Posture _____

Cervical: _____ Thoracic: _____ Lumbar: _____

Shoulder(s): _____ Elbow(s): _____ Other UE: _____

Hip(s): _____ Knee(s): _____

Condition of feet/ arches: _____ Other: _____

_____ Passed and approved to participate in intercollegiate sports

_____ NOT approved to participate in intercollegiate sports

Recommendations and /or restrictions

Printed MD/PA/CNP Name: _____ Signature: _____ Date _____

Phone: _____ Address: _____