

**Saginaw Valley State University Athletics
Try Out Pre-Participation Physical Examination**

Name _____

Date _____

DOB _____

Sex _____

Height _____

Weight _____

BP _____

Pulse _____

Medical Examination

Heart/Murmur	Normal_____	Abnormal_____	Remarks_____
Eyes/Pupils	Normal_____	Abnormal_____	Remarks_____
Nose/Septum	Normal_____	Abnormal_____	Remarks_____
Ears	Normal_____	Abnormal_____	Remarks_____
Throat/Teeth	Normal_____	Abnormal_____	Remarks_____
Lungs	Normal_____	Abnormal_____	Remarks_____
Abdomen	Normal_____	Abnormal_____	Remarks_____
Hernia	Normal_____	Abnormal_____	Remarks_____
Genitalia	Normal_____	Abnormal_____	Remarks_____
Skin	Normal_____	Abnormal_____	Remarks_____

Musculoskeletal

Neck	Normal_____	Abnormal_____	Remarks_____
Back	Normal_____	Abnormal_____	Remarks_____
Shoulder	Normal_____	Abnormal_____	Remarks_____
Elbow/Arm	Normal_____	Abnormal_____	Remarks_____
Wrist/Hand	Normal_____	Abnormal_____	Remarks_____
Hip/Thigh	Normal_____	Abnormal_____	Remarks_____
Knee	Normal_____	Abnormal_____	Remarks_____
Ankle	Normal_____	Abnormal_____	Remarks_____
Foot	Normal_____	Abnormal_____	Remarks_____

Participation Clearance

Cleared for participation

Not cleared for participation (Reason): _____

Recommendations _____

The following must be completed and signed by a Physician licensed by a state board

Name (Print) _____ Date _____

Address _____

Phone Number _____

Signature _____