

SPORTS SCREENING ASSESSMENT

Must be completed if participant has not had a physical exam within the last 12 months.

STUDENT'S NAME (PRINT) _____ DATE OF BIRTH _____

ADDRESS _____ SEX: M F GRADE _____

CITY _____ STATE _____ ZIP _____ PHONE _____

WEIGHT: _____ HEIGHT: _____ BLOOD PRESSURE: ____/____ PULSE: _____ RESP: _____

CIRCLE APPROPRIATE FINDINGS:

LUNGS: CLEAR WHEEZING RALES OTHER _____ PEAK FLOW _____

CARDIAC: RRRsM: MURMURS _____/6: ARRHYTHMIAS OTHER _____

ABDOMEN: NORMAL (SOFT, BOWEL SOUNDS NL. NO MASSES) OTHER _____

HERNIAS: (INGUINAL, MALES ONLY) FOUND NOT FOUND

NECK: (NORMAL ORM): YES NO (CHIN TO CHEST, 90 DEG ROTATION, EAR TO SHLD R AND L, 45 DEG EXT)

MUSCULOSKELETAL: CHECK ASYMMETRIC ROM, MUSCLE IMBALANCE, JOINT LAXITY, DEFORMITY, PAIN/SWELLING

CIRCLE ANY JOINT WITH ABNORMAL FINDING AND ELABORATE:

SHOULDER _____

ELBOW _____

WRIST _____

HAND _____

BACK _____

HIPS _____

KNEES _____

ANKLES _____

FEET _____

EVALUATION (CIRCLE ONE)

1. UNLIMITED ATHLETIC PARTICIPATION

2. MAY PARTICIPATE PENDING FURTHER EVALUATION

Recommendation for further W/U _____
Referral to: _____

3. LIMITED ATHLETIC PARTICIPATION

Orthopedic limitations _____

4. ATHLETIC PARTICIPATION DENIED

Reasons _____

SIGNATURE OF EXAMINING/EVALUATING PHYSICIAN _____

DATE: (Mandatory) _____