

UCSD SPORTS PARTICIPATION HEALTH RECORD - PHYSICAL EXAMINATION

NAME _____ DATE _____ AGE _____ BIRTHDATE _____

Height _____ Vision: R ____/____ corrected _____, uncorrected _____

Weight _____ L ____/____ corrected _____, uncorrected _____

Pulse _____ BMI _____ Blood Pressure _____ **SPORT** _____

ORTHOPEDIC EXAM		Normal	Abnormal Findings
	Musculoskeletal: ROM, strength, etc.		
	a. neck		
	b. spine		
	c. shoulders		
	d. arms/hands		
	e. hips		
	f. thighs		
	g. knees		
	h. ankles		
	i. feet		
Neuromuscular			

Comments re: Abnormal Findings _____

PARTICIPATION RECOMMENDATIONS:

1. No participation in: _____
2. Limited participation in: _____
3. Requires: _____
4. Full participation in: _____

Orthopedic Examiner Signature: _____

Orthopedic Examiner Name (print): _____

SPORTS MEDICINE FAMILY PRACTICE PHYSICIAN		Normal	Abnormal Findings	
	Eyes			
	Ears, Nose, Throat			
	Mouth & Teeth			
	Neck			
	Cardiovascular	Standing or Sitting		
		Lying		
		Valsalva		
	Chest and Lungs			
	Abdomen			
	Skin			
Genitalia – Hernia (male)				

Comments re: Abnormal Findings _____

ONLINE MEDICAL HISTORY SCREENING FORM WAS REVIEWED: check here Comments: _____

PARTICIPATION RECOMMENDATIONS:

1. No participation in: _____
2. Limited participation in: _____
3. Requires: _____
4. Full participation in: _____

OVERALL CLEARANCE:

FULL LIMITED See above sections for comments NO PARTICIPATION

Physician's Signature: _____

Physician's Name (print): _____