



Preparticipation Physical Examination

This form to be completed by a physician/provider and returned to Carroll University Athletic Training

Name: (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth: _____

Physician Reminders

1. Consider asking questions regarding more sensitive issue (stress, mood, lifestyle)?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)
3. NCAA recommends sickle cell trait testing for incoming student-athletes participating at the Division III level. Consider obtaining results of newborn screen for above named athlete or recommend a new test.

Examination										
	Height	Weight			Male	Female				
BP	/	Pulse	Vision	R	20/	L	20/	Corrected	Yes	No
Medical						Normal	Abnormal Findings			
Appearance										
<ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus cavatum, arachnodactyly, arm span > height, hyperlaxity.) 										
Eyes/ears/nose/throat										
<ul style="list-style-type: none"> • Pupils equal • Hearing 										
Lymph nodes										
Heart ^a										
<ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 										
Pulses										
<ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 										
Lungs										
Abdomen										
Genitourinary (males only)										
Skin										
<ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 										
Neurologic ^b										
MUSCULOSKELETAL										
Neck										
Back										
Shoulder/arm										
Elbow/forearm										
Wrist/hand/fingers										
Hip/thigh										
Knee										
Leg/ankle										
Foot/toes										
Functional										
<ul style="list-style-type: none"> • i.e. Duck-walk, single leg hop 										

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bStudent-athletes participating in activities with high and moderate risk of concussion are required to undergo baseline neurocognitive (ImPACT) testing during the first day of practice at Carroll University

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician /provider (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician /provider _____ MD DO