Preparticipation Physic	sical Evaluat	ion		PHYS	INATION FORM		
Name				Date of Birth			
HeightWeight_	% Body	Fat (optional)	Pulse	BP	_/(/,/)	
Vision R 20/ L 20/	Согге	cted: Y N	Pupils: Equ	al	Unequal	-	
MEDICAL	NORMAL	ABN	IORMAL FINDIN	NGS		INITIALS*	
Appearance			Marie Militer con transport and the contract of the contract o				
Eyes/ears/nose/throat	\$1000 10 1000 1000 1000 1000 1000 1000						
Hearing							
Lymph nodes			The second secon				
Heart				Mark the property of the control of			
Murmurs							
Pulses					and the same of th		
Lungs							
Abdomen							
Genitourinary (males only)+							
Skin							
MUSCULOSKELETAL							
Neck		9.90.000.000.000.000.000					
Back			4-				
Shoulder/arm							
Elbow/forearm							
Wrist/hand/fingers		Personal debut of the control of the					
Hin/thigh		**************************************			· · · · · · · · · · · · · · · · · · ·		

Hip/thigh							
Knee							
Leg/ankle							
Foot/toes	entertenentenentenentenentenentenenten eta						
*Multiple-examiner set-up only. +Having a third party present is recommended for the genitourinary examination.							
Notes:							

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____Date____

, MD or DO

_Phone____

Name of physician (print/type)_____

Signature of physician _____

Address