

# RCTC Athletic Department Preparticipation Examination Form

Student: \_\_\_\_\_

## TO BE FILLED IN BY EXAMINING PHYSICIAN

Height: \_\_\_\_\_ Vision: \_\_\_\_\_/ 20 Right Corrected? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_/20 Left

Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_/minute

Blood Pressure: \_\_\_\_\_/\_\_\_\_\_

Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_

	Normal	Abnormal Findings/Follow-up	Initials
HEENT			
Heart			
Lungs			
Abdomen			
Skin			
Hernia			
Other			
Neuro-Musculoskeletal			
Neck			
Scoliosis			
Arms			
Legs			
Reflexes			
Other			

**RECOMMENDATIONS:**

OK for all sports \_\_\_\_\_

Requires follow-up:   As above \_\_\_\_\_   Before clearance \_\_\_\_\_

Restricted to: Limited contact/impact \_\_\_\_\_   Non-contact strenuous \_\_\_\_\_

                                  Moderately strenuous \_\_\_\_\_   Non-strenuous \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_