

**SEACOAST ORTHOPEDICS & SPORTS MEDICINE, SOMERSWORTH, NH**  
Pre-Participation Physical Evaluation

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_  
 Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

*Handwritten notes:*  
 11/10/2011

	Normal	Abnormal Findings	Initials
<b>Medical</b>			
Appearance			
Eyes/Ear/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

**Clearance**

Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Signature: \_\_\_\_\_