

College of Southern Idaho Athletics Preparticipation Physical Examination



Name _____ Date _____ Sport _____

Height _____
 Weight _____
 Heart Rate _____
 Blood Pressure _____

Sickle Cell (Recommended):
 Yes No Unknown
 Vision:
 L: ___/___ R: ___/___

	Normal	Abnormal Findings/Comments
1. General Posture		
2. Head, Eyes, Ears, Nose, Throat		
a. Concussion History Discussed		
3. Neck		
4. Cardiovascular		
5. Chest & Lungs		
6. Heart		
a. Rhythm		
b. Murmur		
7. Abdomen		
8. Skin		
9. Musculoskeletal: ROM, strength, etc.		
a. Neck		
b. Spine		
c. Shoulders		
d. Arms/Hands		
e. Hips		
f. Thighs		
g. Knees		
h. Ankles		
i. Feet		
j, ANY RECENT SURGERY'S		
10. Neuromuscular		

Participation Status: Full _____ Limited _____ Not Cleared _____

Comments regarding: Abnormal Findings or Participation Status: _____

Physician Name _____ Date _____

Physician Signature _____ NPI and/or Stamp _____

ATHLETES: READ CAREFULLY AND SIGN SHARED RESPONSIBILITY FOR SPORT SAFETY

Participation in sport requires an acceptance of risk of injury. All physical activity has risks that may range from a fall, to muscle and ligament damage to circulatory or heart disorders. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

It is also understood that any pre-existing injury that has not received medical clearance (healed or rehabilitated) will not be covered by athletic insurance nor will the Athletics Department, Physicians, Athletic Trainers, or any College of Southern Idaho office assume the responsibility.

If you, at any time during your participation, experience any distress or have any questions regarding your participation, you are to notify your athletic trainer, team physician, or coach as soon as possible.

Student-Athletic Signature _____ Date _____