

CIVILIAN STUDENT TRAINING PROGRAM
PREPARTICIPATION PHYSICAL EVALUATION **Eff 6/2004**

NAME:		DATE OF BIRTH:	
Height:	Weight:	Pulse:	BP:
Vision: R 20/____ L 20/____		Corrected: ____ Yes ____ No Pupils equal: Yes / No	

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder / Arm			
Elbow / Forearm			
Wrist/ Hand			
Hip / Thigh			
Knee			
Leg / Ankle			
Foot			

CLEARANCE:
____ Cleared for all sports/activities
____ Not cleared Reason:
Prescription Medications currently taking: (please list name/dosage)

Name of Medical Provider:	
Name of Facility:	Phone:
Address:	Title:
Signature:	Date:

