



TOWSON UNIVERSITY SPORTS MEDICINE ATHLETIC PRE-PARTICIPATION PHYSICAL

Name:	DOB:	Sport:	Date:
<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Redshirt (if yes)	Height: _____ (ft) _____ (in)	Weight: _____ lbs	
Pulse: _____ bpm Blood Pressure: _____ / _____ (repeats) _____ / _____ , _____ / _____			

HEALTH HISTORY REVIEW:	
Cardiac Screen: Family History of Sudden Death: Past Medical History: Concussion History: Past Surgical History:	Medication: Allergies: Ortho/Musculoskeletal History: Other:

PHYSICAL EXAM:			
	<u>Normal</u>	<u>Abnormal</u>	
HEENT/Neck Exam	<input type="checkbox"/>	<input type="checkbox"/>	<u>Description of Abnormal Findings:</u>
Respiratory Exam	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular Exam	<input type="checkbox"/>	<input type="checkbox"/>	
Abdominal Exam	<input type="checkbox"/>	<input type="checkbox"/>	
Focused Ortho Screen	<input type="checkbox"/>	<input type="checkbox"/>	
Notes:			
CLEARANCE FOR PARTICIPATION:		PROVIDER STAMP OR INFORMATION:	
<input type="checkbox"/> Cleared for intercollegiate athletic participation <input type="checkbox"/> Cleared for intercollegiate athletic participation with restrictions Restrictions: _____ <input type="checkbox"/> Not cleared for intercollegiate athletic participation Reason not cleared: _____ Recommendations/Notes:		Provider Facility Name: _____ Office Phone Number: _____ Provider Printed Name: _____ Provider Signature: _____ Date: ____/____/____	