

Western Connecticut State University
Pre-participation Sports Physical

Must be accompanied by completed medical history and within 6 months of participation.

STUDENT NAME: _____ Date of Birth: _____

DATE OF EXAM: _____

Height: _____ Weight: _____ BMI: _____ B/P: _____ Pulse: _____

	Normal	N/A	Abnormal Findings
Appearance			
Skin			
HEENT			
Lymph Nodes			
Heart:			
• Supine			
• Upright			
• Valsalva			
• Squatting			
Lungs			
Abdomen			
Genitalia			
Neuro			
Musculoskeletal:			
• Neck			
• Back			
• Shoulder/Upper Arm			
• Elbow/Forearm			
• Wrist/Hand			
• Hip/Thigh			
• Knee			
• Lower Leg			
• Ankle			
• Foot			

Assessment:

After review of the attached medical history and examination of the patient, the athlete is:

_____ **Cleared** for full participation in intercollegiate athletics.

_____ **NOT cleared** for athletic participation at this time.

_____ **Cleared provisionally, but with the following additional specialty clearance, *if indicated* by attached WCSU medical history questionnaire:**

Cardiologist signature: _____ Date: _____

Stamp required: _____ Phone: _____

Neurologist signature: _____ Date: _____

Stamp required: _____ Phone: _____

Orthopedist signature: _____ Date: _____

Stamp required: _____ Phone: _____

Examiner's signature: _____ Date: _____

Stamp required: _____ Phone: _____

(WCSU HS 4/2017)