



THE OHIO STATE UNIVERSITY ATHLETIC DEPARTMENT

Pre-Participation Physical Examination

Student-Athlete Name: _____	Sport (s): _____			
Height: _____	Weight: _____	Pulse: _____	BP: _____ / _____	If elevated: _____ / _____

SYSTEM	NORMAL	ABNORMAL FINDINGS
Head		
Eyes		
Ears		
Nose		
Mouth		
Throat		
Neck		
Heart		
Lungs		
Abdomen		
GU		
Extremities		
Pulses		
Neuro		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Hip		
Knee		
Ankle		
Foot		
Other:		

COMMENTS, RECOMMENDATIONS and PARTICIPATION STATUS	
<input type="checkbox"/> NOT Cleared for Athletic Participation:	_____

Examining Physician Print Name:	_____
Examining Physician Signature:	_____ Date: _____
<input type="checkbox"/> CLEARED for Athletic Participation:	
<input type="checkbox"/> CLEARED with Recommendations:	_____

Examining Physician Print Name:	_____
Examining Physician Signature:	_____ Date: _____