

Albright College Sports Medicine Athletic Pre-Participation Physical Exam

NAME: _____ AGE: _____ SPORT: _____
 HEIGHT: _____ WEIGHT: _____ BODY COMPOSITION: _____ %
 BLOOD PRESSURE: _____ PULSE: _____

VISUAL ACUITY: L) _____ R) _____ **DOMINANCE:** EYE _____ HAND _____

HEARING:		500	1000	2000	4000		500	1000	2000	4000
	Left					Right				
(Left ear - Blue headphone)						(Right ear - Red headphone)				

URINALYSIS:	Glucose	Bilirubin	Ketone	SG	Blood	Ph	Protein	Urobilinogen	Nitrate	Leukocytes

IMMUNIZATIONS	MMR	Hep B	Tetanus							
Date										

GENERAL MEDICAL:

	NORMAL	ABNORMAL		NORMAL	ABNORMAL
HEAD			RESPIRATORY		
EYES			HEART		
EAR, NOSE, THROAT			ABDOMEN		
NECK			URINARY		
SKIN			TESTICLES		
HERNIA			OTHER		

Physicians Comments: _____

EKG Testing (if available) Results: _____

ASTHMA SCREEN:

Resting Peak Flow Reading:

Trial One: Trial Two: Trial Three:

Rescue Inhaler required for athletic participation: Y N

OVERALL PHYSICAL EXAMINATION RESULTS:

RESULTS	CHECK ONE	COMMENTS
PASSED WITHOUT LIMITATIONS		
PASSED PENDING THE FOLLOWING:		
FAILED DUE TO THE FOLLOWING:		

At this date, I can find no physical abnormality that would deter this student from fully participating in all of the sports listed below, except the ones that are circled:

Badminton, Baseball, Basketball, Cheerleading, Cross Country, Field Hockey Football, Golf, Soccer, Softball, Swimming, Tennis, Track & Field, Volleyball, Weight Training, Wrestling

Physician's Signature: _____ **Date:** _____