



**A Division of Metropolitan Hospital**  
 6807-D Cascade Road, SE, Grand Rapids, MI, 49546  
 (616) 252-7900 or (616) 252-SPORT

**ATHLETE  
 PREPARTICIPATION  
 EXAMINATION**

TO BE COMPLETED BY PHYSICIAN

NAME LAST, FIRST	TODAY'S DATE	TIME
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MEASUREMENTS			
HEIGHT	WEIGHT	VISUAL ACUITY R <input type="checkbox"/> L <input type="checkbox"/>	LENSES Y <input type="checkbox"/> N <input type="checkbox"/>
HEART RATE	INITIAL	POST EXERCISE	3 MINUTES POST EXERCISE
BLOOD PRESSURE	INITIAL	POST EXERCISE	3 MINUTES POST EXERCISE

PHYSICAL EXAMINATION			
AREAS CHECKED	NORMAL	ABNORMAL	EXPLAIN IF ABNORMAL
1. GENERAL MEDICAL			
EARS/HEARING			
EYES			
NOSE			
THROAT			
DENTITION			
NECK ( <i>thyroid, lymph glands</i> )			
MARFAN HABITUS			
2. HEART RHYTHM ( <i>murmurs, etc.</i> )			
3. LUNGS			
4. BREAST			
5. ABDOMEN ( <i>scars, tenderness, visceromegaly</i> )			
6. FEMORAL PULSES			
7. GENITAL/TESTICULAR EXAM/HERNIA ( <i>Males only</i> )			
8. SKIN			
9. NEUROLOGICAL			
10. POSTURE			
11. SPINE			
12. GAIT			
13. MUSCULOSKELETAL			
NECK			
BACK			
SHOULDER/ARM			
ELBOW/FOREARM			
WRIST/HAND			
HIP/THIGH			
KNEE			
LEG/ANKLE/FOOT			

COMMENTS/CLEARANCE		
GENERAL MEDICAL <i>(findings/recommendations)</i>	MUSCULOSKELETAL <i>(findings/recommendations)</i>	CLEARANCE* <i>(see key)</i>

\* **CLEARANCE KEY** (\*\* SPECIFY: Strenuous, moderately strenuous, mildly strenuous, non-strenuous)

1A. No restrictions, cleared for <b>FULL CONTACT</b> sports.	2A. Clearance deferred pending <b>INJURY REHAB.</b>
1B. Cleared for <b>LIMITED CONTACT/IMPACT</b> sports.	2B. Clearance deferred pending <b>REFERRAL/CONSULT.</b>
1C. Cleared for <b>NON-CONTACT</b> sports.**	3A. <b>DISQUALIFIED</b> from competition.

I certify that I have examined the above student and recommend him/her  
 as being able to compete in supervised athletic activity not crossed out below :

BASEBALL BASKETBALL COMPETITIVE CHEER CROSS COUNTRY FOOTBALL GOLF GYMNASTICS ICE HOCKEY  
 SKIING SOCCER SOFTBALL SWIMMING TENNIS TRACK VOLLEYBALL WRESTLING

SIGNATURE OF EXAMINER	PRINTED NAME	DATE
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