

# SPORTS SCREENING ASSESSMENT

Must be completed if participant has not had a physical exam within the last 12 months.

STUDENT'S NAME (PRINT) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ SEX: M F GRADE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_/\_\_\_\_ PULSE: \_\_\_\_\_ RESP: \_\_\_\_\_

**CIRCLE APPROPRIATE FINDINGS:**

LUNGS: CLEAR WHEEZING RALES OTHER \_\_\_\_\_ PEAK FLOW \_\_\_\_\_

CARDIAC: RRRsM: MURMURS \_\_\_\_\_/6: ARRTHYMIAS OTHER \_\_\_\_\_

ABDOMEN: NORMAL (SOFT, BOWEL SOUNDS NL. NO MASSES) OTHER \_\_\_\_\_

HERNIAS: (INGUINAL, MALES ONLY) FOUND NOT FOUND

NECK: (NORMAL ORM): YES NO (CHIN TO CHEST, 90 DEG ROTATION, EAR TO SHLD R AND L, 45 DEG EXT)

MUSCULOSKELETAL: CHECK ASYMMETRIC ROM, MUSCLE IMBALANCE, JOINT LAXITY, DEFORMITY, PAIN/SWELLING

**CIRCLE ANY JOINT WITH ABNORMAL FINDING AND ELABORATE:**

SHOULDER \_\_\_\_\_

ELBOW \_\_\_\_\_

WRIST \_\_\_\_\_

HAND \_\_\_\_\_

BACK \_\_\_\_\_

HIPS \_\_\_\_\_

KNEES \_\_\_\_\_

ANKLES \_\_\_\_\_

FEET \_\_\_\_\_

**EVALUATION (CIRCLE ONE)**

1. UNLIMITED ATHLETIC PARTICIPATION

2. MAY PARTICIPATE PENDING FURTHER EVALUATION

Recommendation for further W/U \_\_\_\_\_  
Referral to: \_\_\_\_\_

3. LIMITED ATHLETIC PARTICIPATION

Orthopedic limitations \_\_\_\_\_

4. ATHLETIC PARTICIPATION DENIED

Reasons \_\_\_\_\_

SIGNATURE OF EXAMINING/EVALUATING PHYSICIAN \_\_\_\_\_

DATE: (Mandatory) \_\_\_\_\_