

**FROSTBURG STATE UNIVERSITY**  
**ATHLETICS PRE-PARTICIPATION PHYSICAL EXAMINATION**  
(A HEALTH CARE PROVIDER **must** complete this form.)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PULSE \_\_\_\_\_ B/P \_\_\_\_\_ / \_\_\_\_\_

SPORT(s) \_\_\_\_\_ DATE: \_\_\_\_\_

**EXAMINATION: PLEASE CHECK AND EXPLAIN ANY ABNORMALITIES OR IRREGULARITIES THAT ARE FOUND DURING THIS EXAMINATION.**

**(SPECIAL ATTENTION)**

\_\_\_\_ SKIN  
\_\_\_\_ EYES  
\_\_\_\_ EARS  
\_\_\_\_ NOSE  
\_\_\_\_ MOUTH/TEETH/THROAT  
\_\_\_\_ LUNGS  
\_\_\_\_ HEART  
    \_\_\_\_ Heart Murmur  
    \_\_\_\_ Irregular Rhythm  
\_\_\_\_ ABDOMEN  
\_\_\_\_ NEUROLOGIC

\_\_\_\_ NECK  
\_\_\_\_ BACK  
\_\_\_\_ FEET/ANKLES  
\_\_\_\_ KNEES  
\_\_\_\_ HIPS  
\_\_\_\_ SHOULDERS  
\_\_\_\_ ARMS  
\_\_\_\_ WRISTS  
\_\_\_\_ HANDS

**EXPLANATION OF ABNORMAL FINDINGS:** \_\_\_\_\_

\_\_\_\_\_

I have on this date personally examined this student/athlete, reviewed the medical history and other data, and find the student/athlete physically able to compete in supervised intensive intercollegiate athletic practice and competition:

\_\_\_\_\_ **WITH NO RESTRICTIONS**      \_\_\_\_\_ **NOT CLEARED FOR PARTICIPATION**

\_\_\_\_\_ **CLEARED WITH RECOMMENDATION FOR RESTRICTIONS OR FURTHER EVALUATION (please explain):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
HEALTH CARE PROVIDER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
HEALTH CARE PROVIDER'S NAME (STAMPED OR PRINTED)