



# EUREKA COLLEGE Pre-Participation Physical Examination

## PHYSICAL EXAM

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Heart Rate \_\_\_\_\_

Vision: Right 20/\_\_\_\_\_/\_\_\_\_\_ Left 20/\_\_\_\_\_/\_\_\_\_\_ Corrected? Yes No Contacts Glasses

Urinalysis Protein \_\_\_\_\_ Glucose \_\_\_\_\_ Blood \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Eyes/Ears/Nose/Throat		
Mouth and Teeth		
Lymph Nodes		
Heart		
Pulse		
Lungs		
Abdomen		
Skin		
Genitalia- Hernia (male)		
<b>Musculoskeletal</b>		
Neck		
Spine		
Shoulders		
Arms/Hands		
Hips		
Thighs		
Knees		
Ankles		
Feet		
Neuromuscular		
Physical Maturity (Tanner Stage)		1 2 3 4 5

Further Medical Evaluation

Required: \_\_\_\_\_

Cleared to Participate

Not cleared to participate

Date \_\_\_\_\_ Signature \_\_\_\_\_