



WESTERN CONNECTICUT STATE UNIVERSITY

PREPARTICIPATION PHYSICAL EXAMINATION FORM FOR VARSITY ATHLETES

Name _____ Date _____ Varsity Sport _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Allergies _____ Medications _____

	Normal	Describe Abnormal Findings
Cardio-Respiratory		
Lungs		
Heart (Standing and Lying)		
Pulses		
Abdomen		
Liver		
Spleen		
Musculoskeletal		
Neck		
Back		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

Activity Recommendation:

_____ Unrestricted

_____ Partial Restriction: Explain _____

_____ Full Restriction: Explain _____

Physician's Signature _____ Date _____