FORM D -- Health Practitioner, please refer to the letter & references provided on Form C.

NIAA PRE-PARTICIPATION PHYSICAL EVALUATION

(Physical to be completed during an athletes first and third year of participation)

PHYSICAL EXAMINATION

DATE OF EXAMINATION: _____

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % BODY FAT (optional): _____ PULSE: _____ BP: _____/_____ (____/____, ____/____)

VISION: R 20/ _____ L 20/ _____ CORRECTED: Y / N PUPILS: Equal _____ Unequal_____

MEDICAL	**NORMAL /ABSENT**	**ABNORMAL FINDINGS**	**EXPLAIN**	**INITIALS**
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
CARDIOVASCULAR				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
MUSCULOSKELETAL				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARANCE

CLEARED: _____

Cleared after completing evaluation/rehabilitation for: _____

_____

_____

NOT CLEARED FOR: _____ **REASON:** _____

Recommendations: _____

_____

_____

Name of physician (print/type): _____ **Phone:** _____

Address: _____

Street **City** **State** **Zip Code**

I, _____hereby certify that I am a licensed _____, qualified to perform NIAA Pre-Participation Evaluations, and that on the date set forth below I performed all aspects of the NIAA Pre-Participation Evaluation on the above student. This student meets all physical examination requirements for participation in NIAA sanctioned sports.

_____ _____

Signature of Health Practitioner **License Number** **Office Phone Number** **Date**

Revised 3-2010