

PORT CITY TRACK CLUB PRE- PARTICIPATION ATHLETE SCREENING

Athlete's Name _____ School: _____ Date of Birth: _____

Height _____	Weight _____	BP _____/____	BP _____/____	Pulse _____
Vision R 20/_____	L 20/_____	Corrected: Yes No		

THESE ARE REQUIRED ELEMENTS FOR ALL EXAMINATIONS

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – should be done if history indicates

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. ***Medical Waiver Form Must be attached (for the condition of: _____)
- D. Not cleared for: Collision Contact
 - Non-contact: ___Strenuous ___Moderately strenuous ___Non-strenuous

Due to: _____

Additional Recommendations/Rehab Instructions: _____

Name of Physician/Extender: _____

Signature of Physician/Extender: _____ MD DO PA NP

(Signature and circle of designated degree required)

Date of Exam: _____

Address: _____

Phone: _____

Physician Office Stamp: