



**SPIRIT SQUADS PRE-PARTICIPATION PHYSICAL EXAMINATION FORM**  
Iowa State University Sports Medicine

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ DOB : \_\_\_\_\_  
 Pulse: \_\_\_\_\_ BP: \_\_\_\_\_ Temp: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Vision: R /20\_\_\_\_\_ L /20\_\_\_\_\_ Corrected? Y / N SECTION: (Circle as Appropriate) Cheer / Dance

Physical Exam (Please elaborate on **any** abnormality reported in the history)

	N	ABN	Describe abnormality in detail
Head, face, and scalp			
Mouth, nose & throat (nasal septal deviation)			
Tonsils ( ) in or ( ) out			
Ears (T.M.'s, hearing)			
Eyes (PERRLA, EOMI)			
Neck (thyroid)			
Lymph nodes			
Lungs and chest			
Breasts			
Heart (RRR without murmur)			
Vascular system (pulses, varicosities, etc.)			
Abdomen (include hernia)			
Genitalia			
Anus – Rectal (as indicated)			
Pelvic (as indicated)			
Musculoskeletal (strength & range of motion)			
Neck			
Shoulders			
Elbows			
Hands/wrists			
Spine/Pelvis/Hips			
Knees			
Ankles			
Feet			
Skin			
Neurologic			
Psychiatric – if indicated			

**Assessment/Notes:**

**Recommendations/preventive measures:**

**Clearance (Check appropriate category):**

- No restrictions to contact/collision
- Limited contact/impact
- No – contact
  - Strenuous       Non-strenuous
- Clearance deferred until seen by team physician or specialist

Physician's Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_

**DATE OF EXAM** \_\_\_\_\_