

Jacksonville College Pre-Participation Screening and Exam

Name: _____

Date: _____

Sex: Male Female Age: _____ DOB: _____ Height: _____ Weight: _____

Pulse: _____ BP: _____ Vision-R: _____ Vision-L: _____ Corrected: Yes
No

Physical Exam	Normal	Abnormal Findings/Comments
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Skin/Appearance		
Head and Neck	Lymph Nodes	
	Thyroid	
Eyes	Pupil Equality	
	Pupil Reaction	
Ears		
Nose		
Mouth/throat	Teeth	
	Tonsils	
Heart	Pericardial Activity	
	1st and 2nd sounds	
	Murmurs	
Pulses	Brachial/Femoral	
Lungs		
Abdomen		

Musculoskeletal	Normal	Abnormal Findings/Comments
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Neck		
Back/Spine		
Shoulder/Arm		

Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

Cleared _____ **Not Cleared** _____

Reason and/or Referral: _____

Physician Signature

Date