

**Louisburg College**

**Pre-participation Physical Examination**

**PLEASE TYPE OR PRINT IN INK**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Sport \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Visual Acuity (corrected) (uncorrected) \_\_\_\_\_

**General Medical Examination**

Please check and describe every abnormality in detail below:

- |          |       |           |       |
|----------|-------|-----------|-------|
| 1. HE    | _____ | 6. ABD    | _____ |
| 2. ENT   | _____ | 7. GU     | _____ |
| 3. NECK  | _____ | 8. HERNIA | _____ |
| 4. CHEST | _____ | 9. NEURO  | _____ |
| 5. CV    | _____ | 10. SKIN  | _____ |

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Orthopedic Examination**

Cervical Spine

Flexion	_____	yes or no	Normal thoracic curve	_____	yes or no
Extension	_____	yes or no	Normal lordotic curve	_____	yes or no
Lateral Flexion	R_____ L_____		Range of Motion	_____	
Rotation	R_____ L_____		<u>Hip</u>		
Compression/distraction	_____		Flexion	R_____ L_____	

Shoulder

Flexion	R_____ L_____		Extension	R_____ L_____	
Extension	R_____ L_____		Abduction	R_____ L_____	
Abduction	R_____ L_____		In/Ex Rotation	R_____ L_____	
Ex Rotation	R_____ L_____		<u>Knee</u>		
In Rotation	R_____ L_____		Flexion	R_____ L_____	
Scap. Winging	R_____ L_____		Extension	R_____ L_____	
Ant/Post Glide	R_____ L_____		General Knee Stability	R_____ L_____	

Elbow

Flexion	R_____ L_____		Inversion	R_____ L_____	
Extension	R_____ L_____		Eversion	R_____ L_____	
			Anterior Drawer	R_____ L_____	

Comments: (please note any pre-existing conditions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The athlete (may) (may not) participate in Louisburg College Athletics

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physicians Name, Address, Phone Number

*Please Return to: Athletic Training, Louisburg College, 501 N. Main St, Louisburg, NC 27549*