Oakland City University
PRE-PARTICIPATION PHYSICAL EXAM (PPE)
(To be completed by your health care provider)

Examiner: This information will be used to screen athletes for participation in **Intercollegiate Athletics**, and may be shared with the athletic training and sports medicine personnel with proper authorization by the student. Please review and initial the health history form, complete this form, indicate whether or not the student should be cleared for physical activity, and sign and date the form.

Students Name: ______________________________
Last First Middle

Birth date: ________/________/________
Day Month Year

MEDICAL EXAMINATION:

BP: ________	P: ________	Height (inches): ________	Vision		Left	Right
R: ________	T: ________	Weight (lbs.): ________	Corrected/ Uncorrected:		________	________
________	________	Lab(s)[if applicable] ________			________	________

PHYSICAL EXAM:	Normal	Abnormal	
General:			________
Appearance	☐	☐	________
Affect	☐	☐	________
Skin	☐	☐	________
HEENT:			________
Head	☐	☐	________
Aniscoria	☐	☐	________
Eyes	☐	☐	________
PERRLA	☐	☐	________
Fundi	☐	☐	________
Ears	☐	☐	________
Nose	☐	☐	________
Mouth	☐	☐	________
Throat	☐	☐	________
Neck:			________
Bruits	☐	☐	________
Nodes	☐	☐	________
Thyroid	☐	☐	________
Lungs:	☐	☐	________
Heart:			________
Rhythm	☐	☐	________
Murmur	☐	☐	________
Peripheral pulses	☐	☐	________

PHYSICAL EXAM:	Normal	Abnormal	
Abdomen:			________
Organs	☐	☐	________
Masses	☐	☐	________
Tender	☐	☐	________
Hernia	☐	☐	________
Musculoskeletal Screen:			________
Neck	☐	☐	________
Shoulders	☐	☐	________
Elbows	☐	☐	________
Wrists/Hands	☐	☐	________
Back	☐	☐	________
Hips	☐	☐	________
Quads/hams	☐	☐	________
Knees	☐	☐	________
Ankles	☐	☐	________
Feet	☐	☐	________
Heel/toe	☐	☐	________
Duck walk	☐	☐	________
Neuro:	☐	☐	________
Females:			________
Breasts (if done)	☐	☐	________
Pelvic (if done)	☐	☐	________
Males:			________
Testicular	☐	☐	

ASSESSMENT / PLAN:

1. General health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
2. Immunizations up to date? ☐ Td in past 10 years ☐ MMR (two doses documented) ☐ TB risk screened
3. Reviewed Health History form? ☐
4. Clearance for physical activity (NCAA sports, club sports, intramurals, PE)
   ☐ Cleared ☐ Limited ☐ Not cleared If not cleared, please specify ______________________________
5. Examiner's comments / other recommendations: ______________________________
____

______________________________ Print examiner's name and title

______________________________ Examiner's signature

Date: _______/_______/_______
Month Day Year

Address: ______________________________ Telephone: ______________________________

(05/2010)