

TSSAA Preparticipation Evaluation Physical Examination Form

Mid-Tennessee Bone and Joint
 931.381.BONE (2663) | 800.552.BONE (2663) | FAX 931.380.0513
 1050 N. James Campbell Blvd., Suite 200 | Columbia, TN 38401

Name _____ Date of Birth _____ Height _____ Weight _____
 % Body Fat (OPT) _____ Pulse _____ BP _____ / _____ (_____ / _____ / _____) _____
 Vision R 20/ _____ L 20/ _____ Corrected Yes No Pupils Equal Unequal

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbows/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only. **Having a third party present is recommended for the genitourinary examination.

Cleared without restriction Cleared with recommendations for further evaluation or treatment for:

Not cleared for All sports Certain sports Reason:

Recommendations _____

Emergency Information

Allergies _____

Other Information _____

Notes _____

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____ MD or DO