Pre-Participation Physical Examination
Salem Community College

Name: _____ Sport: _____

Age: _____ Date of Birth: ____/____/____ Social Security #: _____

Address: _____ Phone (___) _____
Street

_____
City State Zip Code

Emergency Contact: _____ Phone: (___) _____

Height: _____ Blood Pressure: _____ Eyes: Left _____ Right _____

Weight: _____ Heart Rate: _____ Correction: With or Without

Physical Examination

	Normal	Abnormal	Comments
Ears, Nose, Throat			
Chest/Lungs			
Heart			
Abdomen			
Hernia			

Orthopedic Assessment

Joint	Right	Left	Comments
Ankle			
Knee			
Hip			
Back/Spine			
Shoulder			
Elbow			

Cleared for participation: Yes No

Additional Comments: _____

_____

_____

_____

Physician Signature: _____ Date: _____

Address: _____ Phone (___) _____
(Stamp) Street

_____
City State Zip Code