University of Mary Washington
Athletic Training Department
Goolrick Hall, Room 102
1301 College Avenue
Fredericksburg, VA 22401
Phone 540-654-1872 or 1874, FAX 540-654-1892

NCAA Intercollegiate Athletics Pre-participation Health Examination

Student Name: ________________________________ Sport: ______________
Last First Mi

required for NCAA athletes only … not required for intramural sports or physical education classes

To be completed and signed by a licensed health-care practitioner (MD, DO, PA, or NP) after reviewing the health history.

Exam Date: ______________ Vision right: ____ / 20 Vision left: ____ / 20
Resting Pulse: ________ Bpm Blood Pressure: ________ Height: ________ Weight: ________

		NL	AB	NE	Comment on all positive findings
	General	☐	☐	☐	
	ENT	☐	☐	☐	
	Heart	☐	☐	☐	
	Lungs	☐	☐	☐	
	Abdomen	☐	☐	☐	
	Skin	☐	☐	☐	
	Genitalia/hernia	☐	☐	☐	
Orthopedic	Neck	☐	☐	☐	
Orthopedic	Spine	☐	☐	☐	
Orthopedic	Shoulders	☐	☐	☐	
Orthopedic	Arms/Hands	☐	☐	☐	
Orthopedic	Hips	☐	☐	☐	
Orthopedic	Thighs	☐	☐	☐	
Orthopedic	Knees	☐	☐	☐	
Orthopedic	Ankles	☐	☐	☐	
Orthopedic	Feet	☐	☐	☐	
	Neurological	☐	☐	☐	

Lab Studies – Only if indicated

	NL	AB	NE	
Urinalysis:	☐	☐	☐	
CBC:	☐	☐	☐	

Participation Recommendations – Please check one

☐ Full participation ______________
☐ Should not participate because ……. ______________
☐ These problems should be evaluated and treated prior to participation ………. ______________

______________________ Physician/Designee Signature
______________________ Physician's Phone Number

Send this form to your coach at the following address:

Your Coach's Name
University of Mary Washington
1301 College Avenue, Goolrick Hall, Room 106A
Fredericksburg, VA 22401