

# **Bristol Community College Athletic Department**

## **Pre-Participation Physical Form**

All students intending to participate on any one of Bristol Community College's intercollegiate athletic teams must first complete a pre-participation physical exam before their first practice participation.

Returning upper-class student athletes will continue to have their pre-participation physicals completed on campus before their respective sports begin practicing. First year students and transfers are required by College Administration to have a complete physical examination and immunization record updated by their family physicians prior to beginning classes. **Incoming students interested in competing in athletics should also take the pre-participation form at that time to be completed by their family physicians.** The physician must check whether physical activities are limited or unlimited. If you have limited activity your physician must specify your limitations.

Please note that the athletic department's pre-participation physical form is different than the college's medical form and that for incoming student athletes **both must be filled out completely and cannot be interchanged.** Payment for the physical examination and immunization will be the responsibility of the parent/guardian and/or student.

Incomplete forms will be returned to the student athlete for completion. After the entire pre-participation physical form has been completed, please mail to: Bristol Community College College, Athletic Department, 777 Elsbree Street, Fall River, MA 02720.

The athletic training staff will then review all pre-participation physical forms and any students with potential physical limitations to full involvement in intercollegiate athletics **may be withheld from participation** until proper clearance from the team orthopedic or other physician is received. All medical history information will remain confidential and will be considered as part of the student athlete's permanent health record with the Student Health Center.

**Preparticipation Physical Evaluation**

**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_(\_\_\_\_/\_\_\_\_.\_\_\_\_/\_\_\_\_)

Vision R 20/ \_\_\_\_\_ L/20 \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/ears/nose/throat.			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

**Preparticipation Physical Evaluation**

**CLEARANCE FORM**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

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

Not cleared for  All sports  Certain sports: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

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

Name of physician (print/type) \_\_\_\_\_

Address \_\_\_\_\_

Signature of physician \_\_\_\_\_



777 Elsbree Street, Fall River, MA 02720  
 www.BristolCC.edu

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**Date of Physical Evaluation:** \_\_\_\_\_