



**Rutgers University- Camden NCAA Athletics Pre-Participation Physical Exam**  
**Choose One: Freshman/Transfer/New to Athletics (1<sup>st</sup> year) OR Junior (3<sup>rd</sup> year)**

Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EXAMINATION		
Height: _____	Weight: _____	BP: ( ____ / ____ ) ( ____ / ____ ) ( ____ / ____ )
Vision: R 20/ _____	L 20/ _____	Corrected: Y N
<b>MEDICAL</b>		
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic, insufficiency)	NORMAL	ABNORMAL FINDINGS
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva, squatting) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
Consider last menstrual period (LMP) for females		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		
<b>ADDITIONAL STUDIES/TESTS PERFORMED TODAY</b>		

- A) Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
B) Consider GU exam if in private setting. Having third party present is recommended.  
C) Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction  
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_  
☐ Not cleared  
    ☐ Pending further evaluation  
    ☐ For any sports  
    ☐ For certain sports \_\_\_\_\_

Reason / Recommendations \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Physician Signature (MD or DO): \_\_\_\_\_

Date of Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(NCAA Mandates that this must be within 6 months of the start of your participation in sport)

**Physician's Stamp is Required**

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