UTAH VALLEY UNIVERSITY COMPETITIVE SPORTS

Pre-Participation Physical Exam 2026-2027

Athlete Portion: (Please fill out entire front page BEFORE seeing the physician.)

Name:	Birthday:	Age:
Sport:	Address:	Sex:
Date of Physical:	Contact Number:	Previous injuries Y / N

Questions	Yes	No
1. Has a doctor ever restricted or denied your participation in a sport?		
2. Have you ever been hospitalized or spent the night in a hospital?		
3. Have you ever had surgery?		
4. Do you have any ongoing medical conditions? (Asthma, Diabetes, Sickle Cell Trait)		
5. Do you currently take any prescription medication?		
6. Do you have any known allergies? (Medicines, pollens, foods, insects bits/stings)		
7. Have you ever passed out or gotten dizzy during sport or exercise?		
8. Have you ever had chest pain or discomfort in your chest during exercise or sport?		
9. Have you ever had high blood pressure?		
10. Have you ever been told you have a heart murmur, high cholesterol, or a heart infection?		
11. Have you ever felt unprovoked racing in your heart or like your heart was skipping beats?		
12. Has anyone in your family suffered from heart disease or sudden death before the age of 50?		
13. Do you wear glasses or contacts?		
14. Do you have any skin conditions? (itching, rashes, staph infection)		
15. Have you ever had any head injuries? (concussions, hematomas)		

If you answered yes to any of the above questions, please list the number and give a brief explanation:

_____
_____
_____
_____

If you answered yes to having any previous injuries, please list any that required time away from sport/exercise for more than 2 weeks.

_____
_____
_____

Physician Portion: (Give paper to physician/nurse to fill out.)

Vitals + Physical Examination:

Height:	Weight:	Heart Rate:
Blood Pressure:	Visual Equity:	Pupils: Normal / Abnormal

Body Part:	Normal? Y/N	Doctor Notes:
Ears/Nose/Throat:		
Lymph Nodes:		
Cardiac:		
Chest/Lungs:		
Abdomen:		
Skin:		
General Impression:		

Final Physician Remarks:

_____
_____
_____
_____
_____

Cleared for Sport? YES / NO

Physician Signature: _____ Date: _____

Athlete Name (Print): _____ Date: _____

Athlete Signature: _____