

EASTERN KENTUCKY™

Performing Arts Pre-Participation Physical Examination

NAME _____

Section of band: _____ Height: _____

Weight: _____

BP: _____ / _____ Pulse: _____

Initial "normal" or "abnormal" and explain any abnormalities

Vision: (R) 20/ _____ (L) 20/ _____ Corrected: Y N

Orthopedic Exam	Normal	Abnormal	Comments
Neck			
Shoulders			
Elbows			
Wrist			
Hand/Fingers			
Spine/Hips			
Knees			
Ankles			
Feet/Toes			

CLEARED FOR UNLIMITED PERFORMING ARTS PARTICIPATION

Clear after completing evaluation/rehabilitation for _____

Limited to specific activity: _____

Recommendation(s): _____

Practitioner's Signature: _____ Date: _____

Initial "normal" or "abnormal" and explain any abnormalities

General Medical Exam	Normal	Abnormal	Comments
HEENT			
Neurological			
Cardiovascular			
Pulmonary			
Abdomen			
Genitalia			
Skin			

CLEARED FOR UNLIMITED PERFORMING ARTS PARTICIPATION

Clear after completing evaluation/rehabilitation for _____

Limited to specific activity: _____

Recommendation(s): _____

Practitioner's Signature: _____ Date: _____

Deferred until: _____ Initial: _____