

# EASTERN KENTUCKY™

## Performing Arts Pre-Participation Physical Examination

NAME \_\_\_\_\_ Section of band: \_\_\_\_\_ Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_

BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_  
 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: \_\_\_\_\_

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: \_\_\_\_\_