

SUNY Maritime College Athletic Training  
Pre-Participation Physical

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sport(s): \_\_\_\_\_

List and describe any injuries or surgeries you have had in the last 12 months.

List any medications you are currently taking.

Signed: \_\_\_\_\_  
Student Signature

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Vision:      R \_\_\_\_\_ corrected    Yes    No  
                  L \_\_\_\_\_ corrected    Yes    No

Height: \_\_\_\_\_      Weight: \_\_\_\_\_      Resting Pulse: \_\_\_\_\_ bpm

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_      Heart: \_\_\_\_\_      Lungs: \_\_\_\_\_      Hernia: \_\_\_\_\_

Physicians Comments:

Physicians Recommendation: \_\_\_\_\_ Cleared for full athletic participation.

\_\_\_\_\_ Cleared pending re-examination/ rehabilitation of \_\_\_\_\_

\_\_\_\_\_ Denied clearance. Reasons: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_