



CCV STARS SPORTS PHYSICAL USING AIA FORM 15.7 A AND B

ANNUAL PREPARTICIPATION PHYSICAL EXAMINATION

ANNUAL PHYSICAL EXAMINATION

Name: _____	Date: _____
Height: _____	Weight: _____
DOB: _____	Pulse: _____
BP: _____	
Vision: R 20/ _____ L 20/ _____	
Glasses/Contacts: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pupils: Equal <input type="checkbox"/> Unequal <input type="checkbox"/>	

	Normal	Abnormal Findings	Initials*
Medical			
Appearance	<input type="checkbox"/>		
Skin	<input type="checkbox"/>		
Eyes/Ears/Nose	<input type="checkbox"/>		
Throat/ Oropharynx	<input type="checkbox"/>		
Lymph Nodes	<input type="checkbox"/>		
Heart	<input type="checkbox"/>		
Pulses	<input type="checkbox"/>		
Lungs	<input type="checkbox"/>		
Abdomen	<input type="checkbox"/>		
Genitalia/ Hernia	<input type="checkbox"/>		
Musculoskeletal			
Neck	<input type="checkbox"/>		
Back	<input type="checkbox"/>		
Shoulder/arm	<input type="checkbox"/>		
Elbow/forearm	<input type="checkbox"/>		
Wrist/hand	<input type="checkbox"/>		
Hip/thigh	<input type="checkbox"/>		
Knee	<input type="checkbox"/>		
Leg/ankle	<input type="checkbox"/>		
Foot	<input type="checkbox"/>		

*Station-based examination only

CLEARANCE

<input type="checkbox"/>	Cleared
<input type="checkbox"/>	Cleared after completing evaluation/rehabilitation for: _____

<input type="checkbox"/>	Not Cleared for: _____ Reason: _____
Recommendations: _____	

Name of Physician (print/type) _____ Date _____	
Address _____ Phone _____	
Signature of Physician _____ MD/DO/NP/PA-C	

Please return this form to CCV STARS by:

1. Email – scan and send to youthsports@ccvstars.com
2. Drop-off at the Main Office Monday-Friday 8:30-5:00