



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
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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