

Preparticipation Screening Examination

Name: _____ Height _____ ft. _____ in. Weight _____ lbs.

Blood Pressure ____/____ Pulse _____ Temp _____ Respirations _____

Dip Urine (if necessary as indicated by history): Sugar _____ Protein _____

GENERAL EXAM	SATIS	UNSATIS	MUSCULOSKELETAL	SATIS	UNSATIS
HEAD	_____	_____	ANKLES	_____	_____
EYES	_____	_____	KNEES	_____	_____
EARS	_____	_____	HIPS	_____	_____
HEARING	_____	_____	SHOULDERS	_____	_____
NOSE	_____	_____	HAND, WRIST	_____	_____
MOUTH	_____	_____	ELBOW	_____	_____
LYMPH NODES	_____	_____	NECK	_____	_____
CHEST/LUNGS	_____	_____	BACK	_____	_____
HEART	_____	_____	NEUROLOGICAL	_____	_____
ABDOMEN, LIVER, SPLEEN KIDNEYS	_____	_____			
GENITALIA (no pelvic exam required)	_____	_____			
HERNIA	_____	_____			
SKIN	_____	_____			

PHYSICIAN: PLEASE COMMENT IN THE SPACE PROVIDED
RE: ANY UNSATISFACTORY MARK.

FLEXIBILITY (N-Normal A-Adequate I-Inadequate)	RIGHT	LEFT
GROIN	_____	_____
QUADS	_____	_____
HAMSTRINGS	_____	_____
CALF	_____	_____
SHOULDERS	_____	_____
ELBOWS	_____	_____
BACK FLEXION	_____	_____
BACK EXTENSION	_____	_____

CIRCLE ONE: A B C D

- A-** Cleared for full diving participation
- B-** Cleared pending re-exam of _____
- C-** Cleared for restricted diving participation
- D-** Denied clearance

I CERTIFY THAT THIS DIVER HAS BEEN

EXAMINED BY _____

ON THIS DATE AND IS FOUND TO BE
ABLE TO PARTICIPATE IN DIVING AS
CLEARED ABOVE (A,B,C,D):

PHYSICIAN'S
SIGNATURE _____ M.D.

DATE ____/____/____ PHONE (____) _____

MEDICAL
OFFICE _____

(CITY) (ST) (ZIP)