NAME:_____
SPORT:_____

PSA - UTSA General Medical Physical Examination

VITAL SIGNS

Height _____Weight _____BMI _____Pulse _____BP___/____ (___/____, ___/___)

Vision R20 /___ L20 / ___ Corrected: Y or N / Pupils: Equal _____Unequal _____

To Be Completed By Medical Personnel:

	Normal	Findings	Initials*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
Neurological			

Notes/Referrals/Special Tests: _____
_____
_____
_____

Physician Clearance

I certify that I have examined this student on this date and that, based on the examination required by UTSA and the student's medical history as furnished to me, this student is **cleared to participate with:**

☐ **Cleared to participate in full competition**
☐ **Cleared to participate with restrictions** (please explain)
☐ **Not cleared for participation** (please explain)

Explanation_____
_____
_____

Examiner's Signature: _____Date: _____
Physician Please Print Name:_____
Address:_____
City: _____ State:_____ Zip Code: _____
Telephone Number: _____

PSA - UTSA Orthopedic Physical Examination

To Be Completed By Medical Personnel:

	Normal	Findings	Initials*
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

Notes/Referrals/Special Tests: _____
_____
_____

To Be Completed By Medical Personnel:

Physician Clearance

I certify that I have examined this student on this date and that, based on the examination required by UTSA and the student's medical history as furnished to me, this student is **cleared to participate with:**

☐ **Cleared to participate in full competition**
☐ **Cleared to participate with restrictions** (please explain)
☐ **Not cleared for participation** (please explain)

Explanation_____
_____
_____

Examiner's Signature:
_____Date: _____
Physician Please Print Name:_____
Address:_____
City: _____ State:_____ Zip Code: _____
Telephone Number: _____