



NEW ENGLAND INTENSITY
Confidential Preparticipation Physical for Players

The following form is to be completed by a licensed physician, NP, or PA. A similar form (completed within one calendar year prior to the first game of the season) may be substituted for this form if available.

Name: _____ Date: _____

HT: _____ WT: _____ Seated BP (Left): _____ (Right): _____ Pulse: _____

Vision: Right: 20/ _____ Left: 20/ _____ Corrected: _____

	NORMAL	ABNORMAL FINDINGS
General Appearance		
Pupils (? Equal)		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses (radial, brachial, femoral)		
Lungs		
Abdomen		
Skin		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Feet		

Medical Clearance:

I have read and discussed with the patient her/his Health History form and examined this patient in person today, and based on that information, it is my professional opinion that the patient should be (please choose one):

_____ Cleared immediately for all activities related to the playing of full-contact, tackle football.

_____ Cleared, pending the further evaluation or treatment/rehabilitation of : _____

_____ Not cleared, due to: _____

Recommendations: _____

Signature of MD, NP, or PA: _____ Date: _____

Name of MD, NP, or PA (printed): _____ Phone: _____