



**Georgia Southern University  
Athletic Training Education Program  
Athletic Training Student Pre-participation Physical Evaluation Form**

Athletic Training Student: \_\_\_\_\_ Date: \_\_\_\_\_

Eyes - Corrected R/L		Cervical Spine	
- Uncorrected R/L		Thoracic Spine	
Comments:		Lumbar Spine	
		Shoulder	Right
Urinalysis			Left
ENT		Elbow	Right
BP/Pulse			Left
Height		Hand/Wrist	Right
Weight			Left
Hearing - Corrected R/L		Hip	Right
- Uncorrected R/L			Left
Comments:		Knee	Right
			Left
Mouth/Teeth		Ankle	Right
Lymph Nodes			Left
Lungs		Foot	Right
Heart			Left
Abdomen		Dermatomes	
Hernia		Myotomes	
Genitalia		Reflexes	
Tetanus		Comments:	
Comments:			
Physician's Signature:		ATC Signature:	

Additional Comments:

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