

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		Weight		<input type="checkbox"/> Male	<input type="checkbox"/> Female				
BP	/	()	Pulse	Vision R 20/	L 20/	Corrected	<input type="checkbox"/> Y	<input type="checkbox"/> N
MEDICAL				NORMAL		ABNORMAL FINDINGS			
Appearance									
<ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 									
Eyes/ears/nose/throat									
<ul style="list-style-type: none"> Pupils equal Hearing 									
Lymph nodes									
Heart ^a									
<ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 									
Pulses									
<ul style="list-style-type: none"> Simultaneous femoral and radial pulses 									
Lungs									
Abdomen									
Genitourinary (males only) ^b									
Skin									
<ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 									
Neurologic ^c									
MUSCULOSKELETAL									
Neck									
Back									
Shoulder/arm									
Elbow/forearm									
Wrist/hand/fingers									
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes									
Functional									
<ul style="list-style-type: none"> Duck-walk, single leg hop 									

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete had been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO