

PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM – VALID FOR 2 YEARS

Name:	Date of Birth:
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Physician Reminders:

1. 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-enhancing 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?
2. Consider reviewing questions on cardiovascular symptoms (Questions 4-13 of History Form).

EXAMINATION

Height:	Weight:				
BP: / (/)	Pulse:	Vision: R 20/	L 20/	Corrected:	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
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Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency)		
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Eyes, ears, nose and throat • Pupils equal • Hearing		
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Lymph Nodes		
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Heart* • Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver)		
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Lungs		
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Abdomen		
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Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) or tinea corporis		
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Neurological		
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MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
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Neck		
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Back		
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Shoulder and arm		
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Elbow and forearm		
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Wrist, hand and fingers		
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Hip and thigh		
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Knee		
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Leg and ankle		
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Foot and toes		
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Functional • Double-leg squat test, single-leg squat test and box drop or step drop test		
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* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.

Cleared for all sports without restriction for two (2) years.

Cleared for all sports without restriction for two (2) years with recommendation for further evaluation or treatment for:

Cleared for all sports without restriction for less than two (2) years. Specify reasons and duration of approval below:

Not Cleared

Pending further evaluation For any sports For certain sports (please list):

Reason:

Recommendations/Comments:

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has 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 healthcare professional (type/print):	Date of Issue:
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Address:	Phone:
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Signature of healthcare professional (MD/DO/ARNP/PA/Chiropractor):

This physical is valid for a 2-year period unless otherwise noted by the physician in the "Recommendations" field listed above.