

# PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ IHSAA Member School \_\_\_\_\_

## 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 last 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 use any other appearance/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		Corrected?	Y	N
Height	Weight			
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
BP	/ ( / )	Pulse	Vision R 20/	L 20/
MEDICAL		NORMAL	ABNORMAL FINDINGS	
Appearance				
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)				
Eyes/ears/nose/throat				
• Pupils equal				
• Hearing				
Lymphnodes				
Heart				
• Murmurs (auscultation standing, supine, +/- Valsalva)				
• Location of point of maximal impulse (PMI)				
Pulses				
• Simultaneous femoral and radial pulses				
Lungs				
Abdomen				
Genitourinary (males only)				
Skin				
• MSV, lesions suggestive of MRSA, tinea corporis				
Neurologic				
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS	
Neck			Knee	
Back			Leg/ankle	
Shoulder/arm			Foot/toes	
Elbow/forearm			Functional	
Wrist/hand/fingers			• Duck-walk, single leg hop	
Hip/thigh				

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

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. 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 Health Care Professional (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_  
 Signature of Health Care Professional \_\_\_\_\_, MD, DO, PA, or NP (Circle one)