

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Last Name: _____ First Name: _____ Date of Birth: _____ Rising Grade: _____

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 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 on the 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	
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, MVP, and aortic insufficiency) 			
Eyes, ears, nose, and throat <ul style="list-style-type: none"> • Pupils equal • Hearing 			
Lymph nodes			
Heart <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 			
Lungs			
Abdomen			
Skin <ul style="list-style-type: none"> • Herpes simplex virus (HSV), lesions suggestive of MRSA, tinea corporis 			
Neurological			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand, and fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot/ and toes			
Functional <ul style="list-style-type: none"> • Double-leg squat test, single-leg squat test, and box drop or step drop test 			

*Consider electrocardiography (ECG), echocardiography, referral to cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Medical Eligibility Form

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of the following:

- Medically eligible for certain sports (listed below):

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

Print or type name of health care professional: _____ **Date:** _____
Business name and address of health care professional: _____ **Phone:** _____
Signature of health care professional (MD, DO, NP, or PA): _____