



**Physical Examination: School & Athletics (6<sup>th</sup> – 12<sup>th</sup> Grade)**

**Part I HISTORY FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex assigned at birth: \_\_\_\_\_ How does the child identify their gender? \_\_\_\_\_

Address: \_\_\_\_\_

Student's Routine Medical Provider	Student's Routine Dental Care Provider
Name: Address: Telephone: Date of last exam:	Name: Address: Telephone: Date of last exam:

List past and current medical conditions. \_\_\_\_\_

Has the child ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicine and supplements: List all current prescriptions, over-the-counter medicines, and supplements. \_\_\_\_\_

Does the child have any allergies? If yes, please list all the allergies (i.e. medicines, pollens, food, stinging insects). \_\_\_\_\_

GENERAL QUESTIONS	Yes	No
1. Does the child have any concerns to discuss with your provider?		
2. Has a provider ever denied or restricted the child's participation in sports for any reason?		
3. Does the child have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT THE CHILD	Yes	No
4. Has the child ever passed out or nearly passed out during or after exercise?		
5. Has the child ever had discomfort, pain, tightness, or pressure in their chest during exercise?		
6. Does the child's heart ever race, flutter in their chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told the child that they have any heart problems?		
8. Has a doctor ever requested a test for their heart? For example, electrocardiography (ECG) or echocardiography?		
9. Does the child get lightheaded or feel shorter of breath than their friends during exercise?		
10. Has the child ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT THE CHILD'S FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		



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12. Does any family member have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in the family had a pacemaker or implanted defibrillator before age 35?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>
14. Has the child ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused them to miss a practice or game?		
15. Does the child have a bone, muscle or ligament, or joint injury that bothers them?		
<b>MEDICAL QUESTIONS</b>	<b>Yes</b>	<b>No</b>
16. Does the child cough, wheeze, or have difficulty breathing during or after exercise?		
17. Is the child missing a kidney, an eye, a testicle, their spleen, or any other organ?		
18. Does the child have groin or testicular pain or a painful bulge or hernia in the groin area?		
19. Does the child have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Has the child had a concussion or head injury that caused confusion, a prolonged headache, or memory problem?		
21. Has the child ever had numbness, had tingling, had weakness in their arms or legs, or been unable to move their arms or legs after being hit or falling?		
22. Has the child ever become ill while exercising in the heat?		
23. Does the child or someone in their family have sickle cell trait or disease?		
24. Has the child ever had or does the child have any problems with their eyes or vision?		
25. Does the child worry about their weight?		
26. Is the child trying to or has anyone recommended that they gain or lose weight?		
27. Is the child on a special diet or do they avoid certain types of foods or food groups?		
28. Has the child ever had an eating disorder?		

I hereby state that, to the best of my knowledge, the answers to the questions on this form are complete and correct.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part II PHYSICAL EXAM FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_

<p>1. Does the child have a diagnosed medical condition?</p> <p>No      Yes</p> <p>_____</p> <p>_____</p>
<p>2. Does the child have a health condition which may require EMERGENCY ACTION while at school? (ie, seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem). If yes, please DESCRIBE. Additionally, please work with your School Nurse to develop an emergency plan.</p> <p>No      Yes</p> <p>_____</p> <p>_____</p>
<p>3. Is the child on medication? If yes, indicate medication and diagnosis?</p> <p>No      Yes</p> <p>_____</p> <p>_____</p>
<p><b>4. RECORD OF IMMUNIZATIONS</b> - DHMH 896 is required to be completed by a healthcare provider or a computer generated immunization record must be provided.</p>

EXAMINATION		
Height	Weight	
BP	/	Pulse
MEDICAL	NORMAL	ABNORMAL FINDINGS
<p>Appearance</p> <ul style="list-style-type: none"> <li>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>		
<p>Ears/Nose/Throat</p> <ul style="list-style-type: none"> <li>• Pupils equal</li> <li>• Hearing</li> </ul>		
Lymph Nodes		
<p>Heart</p> <ul style="list-style-type: none"> <li>• Murmurs (auscultation standing, supine +/- Valsalva)</li> <li>• Location of point of maximal impulse (PMI)</li> </ul>		
<p>Pulses</p> <ul style="list-style-type: none"> <li>• Simultaneous femoral and radial pulses</li> </ul>		
Lungs		
Abdomen		
Genitourinary (males only)		
<p>Skin</p> <ul style="list-style-type: none"> <li>• HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>		



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Neurologic		
Psychosocial		
Endocrine		
Nutritional		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hands/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg loop		

Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 Consider GU exam in a private setting. Having third party present is recommended.  
 Consider 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 \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The student 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 parent/guardian. If conditions arise after the student 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 student (and parent/guardian).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Signature of physician \_\_\_\_\_

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