



PREPARTICIPATION PHYSICAL EVALUATION

Student's Name: _____

DOB: _____

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?
 - Have you ever taken performance enhancing supplements?
 - Have you ever taken any supplements to help you gain or lose weight?

EXAMINATION		
Height:	Weight:	
BP: /	Pulse:	
MEDICAL	NORMAL	ABNORMAL FINDINGS
Eyes, ears, nose, throat <ul style="list-style-type: none"> • Pupils equal • Hearing 		
Lymph nodes		
Heart Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant (Staphylococcus aureus (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
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 		

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

Name of health care professional (print or type): _____ Date: _____