

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_

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

#### 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, e-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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

|                          |                                                                                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Cleared for all sports, without restrictions                                                                 |
| <input type="checkbox"/> | Cleared for all sports without restriction with recommendation for further evaluation or treatment for _____ |
| <input type="checkbox"/> | Not cleared                                                                                                  |
| <input type="checkbox"/> | Pending further evaluation                                                                                   |
| <input type="checkbox"/> | For any sports                                                                                               |
| <input type="checkbox"/> | For certain sports                                                                                           |

| EXAMINATION                                                                                                                                                                                                                     |               |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------|
| Height: _____                                                                                                                                                                                                                   | Weight: _____ |                                                                                                  |
| BP: _____ / _____ ( _____ / _____ )                                                                                                                                                                                             | Pulse: _____  | Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL                                                                                                                                                                                                                         | NORMAL        | ABNORMAL FINDINGS                                                                                |
| Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul> |               |                                                                                                  |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>                                                                                                                    |               |                                                                                                  |
| Lymph nodes                                                                                                                                                                                                                     |               |                                                                                                  |
| Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>                                                                              |               |                                                                                                  |
| Lungs                                                                                                                                                                                                                           |               |                                                                                                  |
| Abdomen                                                                                                                                                                                                                         |               |                                                                                                  |
| Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>                                           |               |                                                                                                  |
| 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"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>                                                                                       |               |                                                                                                  |

<sup>a</sup> 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: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

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**The sports physical must have the official stamp of the medical facility that administered the sports physical.**