



Preparticipation Physical Evaluation Physical Examination Form

Legal Name: _____

Date: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues:
 - a. Do you feel stressed out or under a lot of pressure?
 - b. Do you ever feel sad, hopeless, depressed, or anxious?
 - c. Do you feel safe at your home or residence?
 - d. Have you ever tried cigarettes, e-cigs, chewing tobacco, snuff, dip, or any form of marijuana?
 - e. During the past 30 days, did you use any of the above products?
 - f. Do you drink alcohol or use any other drugs?
 - g. Have you ever taken anabolic steroids or used any other performance supplements?
 - h. Have you ever taken supplements to help you gain or lose weight?
 - i. Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION			
Height	Weight	Male	Female
BP / (/) (/)	Pulse	bpm Vision	Corrected? Yes No
MEDICAL	Normal	Abnormal findings	
Appearance -Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, myopia, MVP, aortic insufficiency)			
Eyes/Ears/Nose/Throat -Pupils equal -Hearing			
Lymph Nodes			
Heart (A) -murmurs (auscultation standing, supine, +/- Valsalva) -Location of point of maximal impulse (PMI)			
Lungs			
Abdomen			
Genitourinary (Males Only)(B)			
Skin -HSV, lesions suggestive of MRSA, tinea coporis			
Neurologic (C)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Finger			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			
Functional -Duck-walk, single leg hop			

(A) Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 (B) Consider GU exam if in private setting. Having third party present is recommended
 (C) Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion

Cleared for all sports without restriction

Cleared for all sports without restrictions with recommendations for further evaluation or treatment for _____

Not Cleared

Pending further evaluation

For any sports

For certain 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 the Athletic Trainers office and can be made available to the school at the request of the student or parents/guardians. 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/or parents/guardians.

Name of physician (print/type) _____ Date _____

Clinic Address _____ Phone _____

Signature of physician _____, MD, DO, PA-C or ARNP (or attach card)