

Pre-participation 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, 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?

Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| EXAMINATION | | | | | | | |
|---|--------|-------------------|---|-------------------------------|---------------------------------|--------|---|
| Height | Weight | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | |
| BP | / | (| / |) | Pulse | Vision | R 20/ |
| | | | | | | L 20/ | Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS | | | | | |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, 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) | | | | | | | |
| Pulses • Simultaneous femoral and radial pulses | | | | | | | |
| Lungs | | | | | | | |
| Abdomen | | | | | | | |
| Genitourinary (males only) | | | | | | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | | | | | | |
| Neurologic ^c | | | | | | | |
| MUSCULOSKELETAL | | | | | | | |
| Neck | | | | | | | |
| Back | | | | | | | |
| Shoulder/arm | | | | | | | |
| Elbow/forearm | | | | | | | |
| Wrist/hand/fingers | | | | | | | |
| Hip/thigh | | | | | | | |
| Knee | | | | | | | |
| Leg/ankle | | | | | | | |
| Foot/toes | | | | | | | |
| Functional • Duck-walk, single leg hop | | | | | | | |

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sport & physical activities without restriction
- Cleared for all sport & physical activities without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
- For any sports/physical activities
- For certain sports/physical activities _____
- Reason _____ Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. 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 parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO