## Preparticipation Physical Evaluation

### History Form

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Name</th>
<th>Date of birth</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
</tr>
</thead>
</table>

### Medicines and Allergies

Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Pollens</th>
<th>Food</th>
<th>Stinging Insects</th>
</tr>
</thead>
</table>

Do you have any allergies?  
☐ Yes  
☐ No  
If yes, please identify specific allergy below.

### Heart Health Questions About You

1. Have you ever had a heart murmur?
2. Have you ever had a heart infection?
3. Have you ever had an implanted defibrillator?
4. Have you ever had an atrial septal defect or patent ductus arteriosus (Down syndrome or dwarfism)

### Heart Health Questions About Your Family

1. Has anyone in your family had unexplained fainting, unexplained car accident, or sudden infant death syndrome (including unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome))?
2. Has anyone in your family had an x-ray for neck instability or atlantoaxial instability?
3. Have you or any of your close relatives received any X-rays for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)
4. Have you ever been told that you have or have you had an implanted cardiac pacemaker or defibrillator?

### Medical Questions

1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
2. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)
3. Have you ever used a brace, orthotics, or other assistive device?
4. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
5. Have you ever had a head injury or concussion?

### General Questions

1. Do you have any allergies?  
☐ Yes  
☐ No  
If yes, please identify specific allergy below.

### Bone and Joint Questions

1. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
2. Have you ever had a bone, muscle, or joint injury that bothers you?
3. Do you regularly use a brace, orthotics, or other assistive device?
4. Have you ever used an inhaler or taken asthma medicine?

### Explain "Yes" answers below. Circle questions you don't know the answers to.

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

Signature of athlete  
Signature of parent/guardian  
Date

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?
   - 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, and use condoms?

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

EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
</table>

| BP     | ( )   | Pulse | Vision R 20/ | L 20/ |

Corrected □ Y □ 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*
- 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, linea corporis

Neurologic*

MUSCULOSKELETAL

Neck

Back

Shoulder/arm

Elbow/forearm

Wrist/hand/fingers

Hip/thigh

Knee

Leg/ankle

Foot/toes

Functional
- Duck-walk, single leg hop

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider (60) exam if in 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

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 my office and can be made available to the school at the request of the parents. 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 parents/guardians).

Name of physician (print/type) ___________________________ Date ___________________________

Address ____________________________________________ Phone ___________________________

Signature of physician ___________________________________ MD or DO