

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?

| EXAMINATION | | |
|---|--------------|--|
| Height _____ | Weight _____ | O Male O Female |
| BP _____ / _____ (_____ / _____) | Pulse _____ | Vision R 20/ _____ L 20/ _____ Corrected O Y O 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, +1- Valsalva) • Location of point of maximal impulse (PM) | | |
| Pulses • Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only)* | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic* | | |
| MUSCULOSKELETAL | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Feet/toes | | |
| Functional • Duck-walk, single leg hop | | |

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*Consider GU exam 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) _____ Date _____
Address _____ Phone _____

Signature of physician _____
____ - MD or DO

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