

Preparation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name: _____

Date of Birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stresses 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 helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION		
Height: _____	Weight: _____	[] Male [] Female
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: [] Yes [] No
MEDICAL	NORMAL	ABNORMAL FINDING
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnoidactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> • Pupils equal • Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximum impulse (PMI) 		
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin <ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic***		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes <ul style="list-style-type: none"> • Duck-walk, single leg hop 		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

**Consider GU 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: _____

Signature of physician: _____, MD. Or DO.

Phone: _____