Preparticipation Physical Evaluation - Physical Form

| Examination Control Part Part | | | | | | | | | | | |
|---|---|----------|-----------------|---------------------|------------------|-------------------------------------|------------------------------|---------------|---------------------------------|-----------------------------|---|
| Height: Weight: BP: / (/) Pulse: Vision: R 20/ I. 20/ Corrected Yes No Medical Appearance: Marin a signand (Apphosoliosis, high-arched palate, pectus excavatum, anachmodustly, hyperlaxity, myopit, mind with peoples (AVP), and sortic insufficiency Eyes / Ears / Nose / Throat - Pugits equal / Huaring - Lymph Nodes Heart - Mormany (ususullution standing, auscullation supine, and 1/- Valsalva maneuver - Lungs Abdomen Skin - Herres simplest vinus (HSV), ksions suggestive of methicillis-resistant Staphylococcus aureus OMISAN, or times corporis Neurologic Musculoskeletal: - Neck - Shoulders/Arm - Fibrom/Forcarm - Fibrom/Forcarm - Fibrom/Forcarm - Lings - Fire finishes - Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of fire fire fire fire fire and care participation physical evaluation. The athlete does not have apparent elinical contraintications to practice and can participate in the sport(s) as outlined on this form and completed the preparticipation physical evaluation. The athlete does not have apparent elinical contraintications to practice and can participate in the sport(s) as outlined on this form of the scenamendations are completely explained to the athlete and parents or guardians. | Last Na | ime | | | | First Nam | e | M | liddle Initial | | Date of Birth |
| Medical Normal Abnormal Findings Appearance: Martin signama (Syphoseoliosis, high-arched palne, pectus excavatum, anchnoductyly, hyperlaxity, myopia, mitral valve prolispes (MVP), and aortic insufficiency Eyes / Ears / Nose / Throat - Norphs equal / Heating Lymph Nodes Heart - Murmuss (asceultation standing, auscultation supine, and +/- Valsalva maneuver - Lungs Abdomen Skin - Skin - Sheres simples virus (MSV), Jesions suggestive of methicillin-resistant Staphylococcus aureus (MSSA), or times corporis Neurologic Neurologic Neurologic Neurologic Neurologic - Neck - Back - Shoulders/Arm - Elbow/Forearm - What'stand'fingers - High Thighs - Knees - Lig/Ankles - Foot/Toes - Foundand: Double-leg squat test, single leg squat test, and box drop or step drop test - Foot/Toes - Preparticipation Physical Evaluation - Medically eligible for all sports without restriction. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Medically eligible for any sports: Not medically eligible pending further evaluation. Not medically eligible for any sports. Recommendations: Recommendations: In evaluation on this form and completed the preparticipation physical evaluation. The athlete does not have apparent elinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescrid the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | Exami | natior | 1 | | | | | | | | |
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| - Pupils equal / Hearing | Appearance: Marfan stigmata (kyphoscoliosis, high–arched palate, pectus excavatum, arachnodactyly, hyperlaxity, | | | | | | | | | | C |
| Heart - Adamms (auscultation standing, auscultation supine, and */- Valsalva maneuver Lungs Abdomen Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MKSA), or timea corporis Neurologic Musculoskeletal: - Neck - Back - Shoulders/Arm - Elbow/Forearm - Wrist/Hand/Fingers - Hip/Thighs - Knecs - Leg/Ankles - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation - Medically eligible for all sports without restriction Medically eligible for any sports Recommendations: - I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescrid the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | | | | | oat | | | | | | |
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| Abdomen Skin Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis Neurologie Musculoskeletal: - Neck - Shoulders/Arm - Elbow/Forcarm - Wrist/Hand/Fingers - Hip/Thigbs - Kanees - Leg/Ankles - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation Medically eligible for all sports without restriction. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Medically eligible for certain sports: Not medically eligible pending further evaluation. Not medically eligible for any sports. Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | | rs (ausc | cultation | n standi | ng, ausc | cultation supine, and | +/- Valsalva man | euver | | | |
| Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis Neurologie Musculoskeletal: - Neck - Back - Shoulders/Arm - Elbow/Foream - Wrist/Hand/Fingers - Hip/Thighs - Knece - Leg/Ankles - Foot/Toes - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation - Medically eligible for all sports without restriction Medically eligible for certain sports: - Not medically eligible for any sports Recommendations: - Recommendations: - I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescend the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | Lungs | | | | | | | | | | |
| - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis Neurologie Musculoskeletal: - Neck - Back - Shoulders/Arm - Elbow/Forearm - Wrist/Hand/Fingers - Hip/Thighs - Knees - Leg/Ankles - Foot/Toes - Froot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation - Medically eligible for all sports without restriction Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: - Medically eligible for any sports Recommendations: - I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | Abdom | en | | | | | | | | | |
| Musculoskeletal: - Neck - Back - Shoulders/Arm - Elbow/Foream - Wrist/Hand/Fingers - Hip/Thighs - Knees - Leg/Ankles - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation Medically eligible for all sports without restriction. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Not medically eligible pending further evaluation. Not medically eligible for any sports. Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | - Herpes | | | | lesions | suggestive of methic | illin-resistant Stap | hylocc | occus aureus | | |
| - Neck - Back - Shoulders/Arm - Elbow/Forearm - Wrist/Hand/Fingers - Hip/Thighs - Knees - Leg/Ankles - Foot/Toes - Fourctional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation Medically eligible for all sports without restriction. Medically eligible for certain sports: Not medically eligible for certain sports: Not medically eligible for any sports. Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | Neurolo | gic | | | | | | | | | |
| - Back - Shoulders/Arm - Elbow/Forearm - Wrist/Hand/Fingers - Hip/Thighs - Knees - Leg/Ankles - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation Medically eligible for all sports without restriction. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Medically eligible for certain sports: Not medically eligible pending further evaluation. Not medically eligible for any sports. Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | Muscu | loskel | letal: | | | | | | | | |
| - Shoulders/Arm - Elbow/Forearm - Wrist/Hand/Fingers - Hip/Thighs - Knees - Leg/Ankles - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation Medically eligible for all sports without restriction. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Medically eligible for certain sports: Not medically eligible pending further evaluation. Not medically eligible for any sports. Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | - Neck | | | | | | | | | | |
| - Elbow/Forearm - Wrist/Hand/Fingers - Hip/Thighs - Knees - Leg/Ankles - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation Medically eligible for all sports without restriction. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Medically eligible pending further evaluation. Not medically eligible pending further evaluation. Not medically eligible for any sports. Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | - Back | | | | | | | | | | |
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| - Hip/Thighs - Knees - Leg/Ankles - Foot/Toes - Functional: Double-leg squat test, single leg squat test, and box drop or step drop test Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation Medically eligible for all sports without restriction. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: Medically eligible for certain sports: Not medically eligible for any sports. Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians. | - Elbow/ | Forearı | n | | | | | | | | |
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| Name of health care professional (print or type): | not has | ve ap | parer rise a | it clin ifter tl | ical c he ath | contraindication lete had been c | s to practice leared for par | and ticipa | can participa ation, the phy | nte in the s rsician may | sport(s) as outlined on this form. If rescind the medical eligibility until |
| ····· F /F /F /F-/· | Name o | of heal | th car | e prof | ession | al (print or type) | : | | | | Date: |
| Address: Phone: | | | | | | | | | | | |
| Signature of health care professional: MD, DO, NP, or PA | | | | | | | | | | | |

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

| Name: | | Date of Birth: Sex: | Sex: | | | | | | | | | | |
|---|---------|---------------------|---|-----|----|--|--|--|--|--|--|--|--|
| Date of Examination: Sport(s): | | | | | | | | | | | | | |
| List past and current medical conditions: | | | | | | | | | | | | | |
| Have you ever had surgery? If yes, list all past surgical procedures: | | | | | | | | | | | | | |
| Medicines and supplements: List all current prescriptions, over | r-the-c | count | er medicines, and supplements (herbal and nutritional): | | | | | | | | | | |
| Do you have any allergies? If yes, please list all your allergies | (ie, m | edici | nes, pollens, food, stinging insects): | | | | | | | | | | |
| | | | | | | | | | | | | | |
| General Questions. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer. | Yes | No | Medical Questions 16. Do you cough, wheeze, or have difficulty breathing during or | Yes | No | | | | | | | | |
| Do you have any concerns that you would like to discuss with your provider? | | | after exercise? 17. Are you missing a kidney, an eye, a testicle (males), your spleen, | | | | | | | | | | |
| Has a provider ever denied or restricted your participation in sports for any reason? | | | or any other organ? 18. Do you have groin or testicle pain or a painful bulge or hernia in the | | | | | | | | | | |
| Do you have any ongoing medical issues or recent illness? | | | groin area? | | | | | | | | | | |
| Heart Heath Questions About You | Yes | No | 19. Do you have any recurring skin rashes or rashes that come and | | | | | | | | | | |
| Have you ever passed out or nearly passed out DURING or AFTER exercise? | 103 | 110 | go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)? | | | | | | | | | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in | | | 20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | | | | | | | | | |
| your chest during exercise? 6. Does your heart ever race, flutter in your chest or skip beats | | | 21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling? | | | | | | | | | | |
| (irregular beats) during exercise? | | | 22. Have you ever become ill while exercising in the heat? | | | | | | | | | | |
| 7. Has a doctor ever told you that you have any heart problems? | | | 23. Do you or someone in your family have sickle cell trait or disease? | | | | | | | | | | |
| 8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography. | | | 24. Have you ever had or do you have any problems with your eyes or vision? | | | | | | | | | | |
| 9. Do you get lightheaded or feel shorter of breath than your friends during exercise? | | | 25. Do you worry about your weight? | | | | | | | | | | |
| 10. Have you ever had a seizure? | | | 26. Are you trying to or has anyone recommended that you gain or | | | | | | | | | | |
| Health Questions About Your Family | Yes | No | lose weight? | | | | | | | | | | |
| 11. Has any family member or relative died of heart problems or had | | | 27. Are you on a special Diet or do you avoid certain types of foods? | | | | | | | | | | |
| an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)? | | | 28. Have you ever had an eating disorder? | | | | | | | | | | |
| 12. Does anyone in your family have a genetic heart problem such as | | | Females Only | Yes | No | | | | | | | | |
| hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QTsyndrome | | | 29. Have you ever had a menstrual period? | | | | | | | | | | |
| (LQTS), short QT syndrome (SQTS), Brugada syndrome, or | | | 30. How old were you when you had your first menstrual period? | | | | | | | | | | |
| catecholaminergie polymorphic ventricular tachycardia (CPVT)? | | | 31. When was your most recent menstrual period? | | | | | | | | | | |
| 13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35? | | | 32. How many periods have you had in the past 12 months? | | | | | | | | | | |
| Bone and Joint Questions | Yes | No | Explain a "Yes" answer here: | | | | | | | | | | |
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice? | | | | | | | | | | | | | |
| 15. Do you have a bone, muscle, ligament or joint injury that bothers you? | | | | | | | | | | | | | |
| I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct. | | | | | | | | | | | | | |
| Signature of athlete: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Signature of parent or guardian: | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | |

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