



**PRE-PARTICIPATION PHYSICAL EVALUATION:
PHYSICAL EXAMINATION FORM (TO BE RETAINED BY PHYSICIAN)**

Name _____ Date of exam _____

PHYSICIAN REMINDERS (This form should be kept in the medical records)

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 month, have you used cigarettes, chewing tobacco, snuff or dip?
 - Do you always wear a seat belt, use a helmet and use condoms.

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

EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: _____
BP _____ / _____ (/)	Pulse _____	Vision: R 20/ _____ L 20/ _____	Corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 ¹ : Murmurs (auscultation standing, supine, ± Valsalva; Location of point of maximal impulse (PMI) _____)			
Pulses: Simultaneous femoral and radial pulses _____			
Lungs _____			
Abdomen _____			
Genitourinary (males only) ² _____			
Skin: HSV, lesions suggestive of MRSA, tinea corporis _____			
Neurologic ³ _____			
MUSCULAR/SKELETAL			
Neck _____			
Back _____			
Shoulder/Arms _____			
Elbow/Forearm _____			
Wrist/Hands/Fingers _____			
Hip/Thigh _____			
Knee _____			
Leg/Ankle _____			
Functional: Duck-walk, single leg hop _____			

¹Consider ECG, echocardiogram and referral to cardiology for abnormal cardiac history or exam

²Consider GU exam if in a private setting. Having a third party present is recommended.

³Consider 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 recommendation for further for further evaluation or treatment for _____
-
- Not cleared Pending further evaluation
- For any sports
- For certain sports _____ Recommendations _____

I have examined the above-named student and completed the pre-participation 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 his/her parents/guardian.

Name of physician (print/type) _____ Signature _____

Address _____