Preparticipation Physical Evaluation

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician.)

Date of Exam ____________________

Name ___________________________________________________________________

Date of Exam ____________________

Name ___________________________________________________________________

Sex ________ Age ___________ Grade ______________ School ____________________

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

________________________________________________

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

☐ Medicines □ Pollens □ Food □ Stinging Insects

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?

☐ Yes □ No

2. Do you have any ongoing medical conditions? If so, please identify below:

☐ Asthma □ Anemia □ Diabetes □ Infections Other:

3. Have you ever spent the night in the hospital?

☐ Yes □ No

4. Have you ever had surgery?

☐ Yes □ No

5. Do you have a bone, muscle, or joint injury that bothers you?

☐ Yes □ No

6. Do you regularly use a brace, orthotics, or other assistive device?

☐ Yes □ No

7. Have you ever had a bone, muscle, ligament, or tendon that required X-ray for neck, groin pain or a painful bulge or hernia in the groin area?

☐ Yes □ No

8. Have you ever been told that you have or have you had an implanted defibrillator?

☐ Yes □ No

9. Has anyone in your family had unexplained fainting, unexplained seizures, strokes, near drowning?

☐ Yes □ No

10. Do you get lightheaded or feel more short of breath than expected during exercise?

☐ Yes □ No

11. Have you ever had an unexplained seizure?

☐ Yes □ No

12. Do you get more tired or short of breath more quickly than your friends during exercise?

☐ Yes □ No

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?

☐ Yes □ No

14. Does anyone in your family have a heart murmur?

☐ Yes □ No

15. Has anyone in your family had heart problems during exercise?

☐ Yes □ No

16. Do you have a bone, muscle, or joint injury that bothers you?

☐ Yes □ No

17. Have you ever had a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

☐ Yes □ No

18. Do you or someone in your family have sickle cell trait or disease?

☐ Yes □ No

19. Have you ever had surgery?

☐ Yes □ No

20. Have you ever had surgery?

☐ Yes □ No

21. 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)

☐ Yes □ No

22. Do you regularly use a brace, orthotics, or other assistive device?

☐ Yes □ No

23. Have you ever had surgery?

☐ Yes □ No

24. Do you or someone in your family have sickle cell trait or disease?

☐ Yes □ No

MEDICAL QUESTIONS

25. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

26. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

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☐ Yes □ No

28. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

29. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

30. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

31. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

32. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

33. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

34. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

35. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

36. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

37. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

38. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

39. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

40. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

41. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

42. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

43. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

44. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

45. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

46. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

47. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

48. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

49. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

50. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

51. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

52. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

53. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

54. Have you or your parents taken a blood pressure, cholesterol, or cardiac stress test?

☐ Yes □ No

FEMALES ONLY

55. How old were you when you had your first menstrual period?

☐ Yes □ No

56. Have you ever had an unexplained seizure?

☐ Yes □ No

57. Have you ever had an unexplained seizure?

☐ Yes □ No

58. Have you ever had an unexplained seizure?

☐ Yes □ No

59. Have you ever had an unexplained seizure?

☐ Yes □ No

60. Have you ever had an unexplained seizure?

☐ Yes □ No

61. Have you ever had an unexplained seizure?

☐ Yes □ No

62. Have you ever had an unexplained seizure?

☐ Yes □ No

63. Have you ever had an unexplained seizure?

☐ Yes □ No

64. Have you ever had an unexplained seizure?

☐ Yes □ No

65. Have you ever had an unexplained seizure?

☐ Yes □ No

66. Have you ever had an unexplained seizure?

☐ Yes □ No

67. Have you ever had an unexplained seizure?

☐ Yes □ No

68. Have you ever had an unexplained seizure?

☐ Yes □ No

69. Have you ever had an unexplained seizure?

☐ Yes □ No

70. Have you ever had an unexplained seizure?

☐ Yes □ No

71. Have you ever had an unexplained seizure?

☐ Yes □ No

72. Have you ever had an unexplained seizure?

☐ Yes □ No

73. Have you ever had an unexplained seizure?

☐ Yes □ No

74. Have you ever had an unexplained seizure?

☐ Yes □ No

75. Have you ever had an unexplained seizure?

☐ Yes □ No

76. Have you ever had an unexplained seizure?

☐ Yes □ No

77. Have you ever had an unexplained seizure?

☐ Yes □ No

78. Have you ever had an unexplained seizure?

☐ Yes □ No

79. Have you ever had an unexplained seizure?

☐ Yes □ No

FEMALES ONLY

80. How did you feel when you had your first menstrual period?

☐ Yes □ No

81. Have you ever had an unexplained seizure?

☐ Yes □ No

82. Have you ever had an unexplained seizure?

☐ Yes □ No

83. Have you ever had an unexplained seizure?

☐ Yes □ No

84. Have you ever had an unexplained seizure?

☐ Yes □ No

85. Have you ever had an unexplained seizure?

☐ Yes □ No

86. Have you ever had an unexplained seizure?

☐ Yes □ No

87. Have you ever had an unexplained seizure?

☐ Yes □ No

88. Have you ever had an unexplained seizure?

☐ Yes □ No

89. Have you ever had an unexplained seizure?

☐ Yes □ No

90. Have you ever had an unexplained seizure?

☐ Yes □ No

91. Have you ever had an unexplained seizure?

☐ Yes □ No

92. Have you ever had an unexplained seizure?

☐ Yes □ No

93. Have you ever had an unexplained seizure?

☐ Yes □ No

94. Have you ever had an unexplained seizure?

☐ Yes □ No

95. Have you ever had an unexplained seizure?

☐ Yes □ No

96. Have you ever had an unexplained seizure?

☐ Yes □ No

97. Have you ever had an unexplained seizure?

☐ Yes □ No

98. Have you ever had an unexplained seizure?

☐ Yes □ No

99. Have you ever had an unexplained seizure?

☐ Yes □ No

100. Have you ever had an unexplained seizure?

☐ Yes □ No

Explain “yes” answers here:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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 ________________


HE/503 3-2010/0140
## Preparticipation Physical Evaluation

### PHYSICAL EXAMINATION FORM

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

### 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?
   - 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).

### MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous femoral and radial pulses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Genitourinary (males only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSV, lesions suggestive of MRSA, tinea corporis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>*H</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Neurologic</th>
</tr>
</thead>
</table>

### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back</td>
</tr>
<tr>
<td>Shoulder/arm</td>
</tr>
<tr>
<td>Elbow/forearm</td>
</tr>
<tr>
<td>Wrist/hand/ fingers</td>
</tr>
<tr>
<td>Hip/thigh</td>
</tr>
<tr>
<td>Knee</td>
</tr>
<tr>
<td>Leg/ankle</td>
</tr>
<tr>
<td>Foot/toes</td>
</tr>
<tr>
<td>Functional</td>
</tr>
<tr>
<td>*Duck-walk, single leg hop</td>
</tr>
</tbody>
</table>

### RECOMMENDATIONS

- 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

<table>
<thead>
<tr>
<th>Reason</th>
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### 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