# Preparticipation Physical Examination Form

**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?
   - Do you feel unsafe 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 a helmet, and use condoms?

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

**EXAMINATION**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>Vision L 20/</th>
<th>Corrected</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>/</td>
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</table>

**MEDICAL**

- 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
- Heart
  - Murmurs (auscultation standing, supine, +/- Valsalva)
  - Location of point of maximal impulse (PMI)
- Lymph nodes
- Pulses
  - Simultaneous femoral and radial pulses
- Abdomen
- Genitourinary (males only)*
- Skin
  - HSV, lesions suggestive of MRSA, linea corporis
- Neurologic

**MUSCULOSKELETAL**

- Neck
- Back
- Shoulder/arm
- Elbow/forearm
- Wrist/hand/fingers
- Hip/thigh
- Knee
- Leg/ankle
- Foot/toes
- Functional
  - Duck-walk, single leg hop

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

**Recommendations**

I have examined the above-named student and completed the preparticipation physical examination. 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

# Preparticipation Physical Evaluation History Form

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam ____________________________  
Name ____________________________ Date of birth ____________________________

Sex __ Age __ Grade __ School __ Sport(s) __

<table>
<thead>
<tr>
<th>Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.</th>
</tr>
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</tbody>
</table>

Do you have any allergies?  
☐ Yes  ☐ No  
If yes, please identify specific allergy below.  
☐ Medicines  ☐ Pollens  ☐ Food  ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

**GENERAL QUESTIONS**

1. Has a doctor ever denied or restricted your participation in sports for any reason?  
☐ Yes  ☐ No  
If yes, please explain below.

2. Do you have any ongoing medical conditions? If so, please identify below:  
☐ Asthma  ☐ Anemia  ☐ Diabetes  ☐ Infections

3. Have you ever spent the night in the hospital?  
☐ Yes  ☐ No  
If yes, please explain below.

4. Have you ever had surgery?  
☐ Yes  ☐ No  
If yes, please explain below.

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?  
☐ Yes  ☐ No  
If yes, please explain below.

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  
☐ Yes  ☐ No  
If yes, please explain below.

7. Does your heart ever race or skip beats (irregular beats) during exercise?  
☐ Yes  ☐ No  
If yes, please explain below.

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  
☐ High blood pressure  ☐ A heart murmur  ☐ A heart infection  ☐ Kawasaki disease

9. Has a doctor ever ordered a test for your heart? (For example, ECG, EKG, echocardiogram)  
☐ Yes  ☐ No  
If yes, please explain below.

10. Do you get lightheaded or feel more short of breath than expected during exercise?  
☐ Yes  ☐ No  
If yes, please explain below.

11. Have you ever had an unexplained seizure?  
☐ Yes  ☐ No  
If yes, please explain below.

12. Do you get more tired or short of breath more quickly than your friends during exercise?  
☐ Yes  ☐ No  
If yes, please explain below.

**HEART HEALTH QUESTIONS ABOUT YOU**

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  
If yes, please explain below.

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  
☐ Yes  ☐ No  
If yes, please explain below.

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  
☐ Yes  ☐ No  
If yes, please explain below.

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  
☐ Yes  ☐ No  
If yes, please explain below.

**BONE AND JOINT QUESTIONS**

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  
☐ Yes  ☐ No  
If yes, please explain below.

18. Have you ever had any broken or fractured bones or dislocated joints?  
☐ Yes  ☐ No  
If yes, please explain below.

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  
☐ Yes  ☐ No  
If yes, please explain below.

20. Have you ever had a stress fracture?  
☐ Yes  ☐ No  
If yes, please explain below.

21. Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)  
☐ Yes  ☐ No  
If yes, please explain below.

22. Do you regularly use a brace, orthotics, or other assistive device?  
☐ Yes  ☐ No  
If yes, please explain below.

23. Do you have a bone, muscle, or joint injury that bothers you?  
☐ Yes  ☐ No  
If yes, please explain below.

24. Do any of your joints become painful, swollen, feel warm, or look red?  
☐ Yes  ☐ No  
If yes, please explain below.

25. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  
☐ Yes  ☐ No  
If yes, please explain below.

**MEDICAL QUESTIONS**

26. Have you ever used an inhaler or taken asthma medicine?  
☐ Yes  ☐ No  
If yes, please explain below.

27. Have you ever had infectious mononucleosis (mono) within the last month?  
☐ Yes  ☐ No  
If yes, please explain below.

28. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  
☐ Yes  ☐ No  
If yes, please explain below.

29. Have you ever taken medications to control a heart condition or have a heart murmur?  
☐ Yes  ☐ No  
If yes, please explain below.

30. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  
☐ Yes  ☐ No  
If yes, please explain below.

31. Have you ever had unexplained fainting, unexplained car accident, or sudden infant death syndrome?  
☐ Yes  ☐ No  
If yes, please explain below.

32. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  
☐ Yes  ☐ No  
If yes, please explain below.

33. Have you ever been diagnosed with diabetes?  
☐ Yes  ☐ No  
If yes, please explain below.

34. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  
☐ Yes  ☐ No  
If yes, please explain below.

35. Have you ever had unexplained fainting, unexplained car accident, or sudden infant death syndrome?  
☐ Yes  ☐ No  
If yes, please explain below.

36. Have you ever had a heart infection or tissue damage?  
☐ Yes  ☐ No  
If yes, please explain below.

37. Have you ever had unexplained fainting, unexplained car accident, or sudden infant death syndrome?  
☐ Yes  ☐ No  
If yes, please explain below.

38. Have you ever had a heart infection or tissue damage?  
☐ Yes  ☐ No  
If yes, please explain below.

39. Have you ever had unexplained fainting, unexplained car accident, or sudden infant death syndrome?  
☐ Yes  ☐ No  
If yes, please explain below.

40. Have you ever had unexplained fainting, unexplained car accident, or sudden infant death syndrome?  
☐ Yes  ☐ No  
If yes, please explain below.

41. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

42. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

43. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

44. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

45. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

46. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

47. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

48. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

49. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

50. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

51. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

52. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

53. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

54. Have you ever had an eating disorder?  
☐ Yes  ☐ No  
If yes, please explain below.

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 ____________________________