**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.)

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
</tr>
</thead>
</table>

**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: 
   - High blood pressure
   - Asthma
   - Anemia
   - Diabetes
   - Infections

3. Have you ever slept the night in the hospital? Yes No

4. Have you ever had surgery? Yes No

**Heart Health Questions About You**

5. Have you ever passed out or nearly passed out DURING or AFTER exercise? Yes No

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Yes No

7. Does your heart ever race or skip beats (irregular beats) during exercise? Yes No

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   - High blood pressure
   - High cholesterol
   - Kawasaki disease
   - Other:

9. Has a doctor ever ordered a test for your heart? (For example, ECG/echo, echocardiogram) 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

**Medical Questions**

13. Has any family member or relative died of heart problems or had an abnormal electrocardiogram (ECG)? Yes No

14. Does anyone in your family have a history of heart problems? Yes No

15. Do you have any rashes, pressure sores, or other skin problems? Yes No

16. Do you have any ongoing medical conditions? Yes No

17. Have you ever had a heart murmur? Yes No

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

- **General Questions**
- **Heart Health Questions About You**
- **Medical Questions**

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

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 |
---------------------|-----------------------------|------|


HE0503 D-2081/0410
Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name ___________________________ Date of birth ___________________________

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 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 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>
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<th>BP</th>
<th>Pulse</th>
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<tr>
<th>MEDICAL FINDINGS</th>
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<tbody>
<tr>
<td>NORMAL</td>
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<tr>
<td>ABNORMAL FINDINGS</td>
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</table>

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
• Murmurs (auscultation standing, supine, +/- Valsalva)
• Location of point of maximal impulse (PMI)

Pulses
• Simultaneous femoral and radial pulses

Lungs

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 (0) 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 ___________________________ 

Address ___________________________ Phone ___________________________

Signature of physician ___________________________ __________________________,
MD or DO

Preparticipation Physical Evaluation
CLEARANCE FORM

Name __________________________ Sex □ M □ F Age ________________ Date of birth ________________

☐ 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 ________________
Address __________________________ Phone __________________________
Signature of physician __________________________, MD or DO

EMERGENCY INFORMATION

Allergies __________________________

______________________________________________________________

Other information __________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

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______________________________________________________________