PREPARTICIPATION PHYSICAL EVALUATION **HISTORY FORM**



Name					Date of birth				
ex	Age	Grade S	School		Sport(s)				
/ledicines	s and Allergies: P	lease list all of the prescription and o	ver-the-co	unter m	nedicines and supplements (herbal and nutritional) that you are currently	taking			
o you ha □ Medici	ve any allergies? ines	☐ Yes ☐ No If yes, please i ☐ Pollens	dentify sp	ecific al	llergy below. □ Food □ Stinging Insects				
plain "Ye	s" answers below.	Circle questions you don't know the	answers 1	ю.					
ENERAL O	UESTIONS		Yes	No	MEDICAL QUESTIONS	Yes	N		
1. Has a de any reas		restricted your participation in sports for			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
		dical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?				
below: I Other:	□ Asthma □ An	emia 🗆 Diabetes 🗀 Infections			28. Is there anyone in your family who has asthma?		-		
	u ever spent the nigh	t in the hospital?	-		29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?				
4. Have yo	ou ever had surgery?	·			30. Do you have groin pain or a painful bulge or hernia in the groin area?				
EART HEA	LTH QUESTIONS AB	OUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?				
		nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?				
	exercise?	4 4i			33. Have you had a herpes or MRSA skin infection?				
	ou ever nad discomfol uring exercise?	t, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?				
		skip beats (irregular beats) during exercis	e?		35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?				
		at you have any heart problems? If so,			36. Do you have a history of seizure disorder?				
	Il that apply:	☐ A heart murmur			37. Do you have headaches with exercise?				
☐ Hig	h blood pressure h cholesterol vasaki disease	☐ A heart infection Other:			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?				
9. Has a d		test for your heart? (For example, ECG/EKG	- i,		39. Have you ever been unable to move your arms or legs after being hit or falling?				
0. Do you	get lightheaded or fee	el more short of breath than expected			40. Have you ever become ill while exercising in the heat?				
	exercise? ou ever had an unexpl	ained enizure?			41. Do you get frequent muscle cramps when exercising?				
		rt of breath more quickly than your friends			42. Do you or someone in your family have sickle cell trait or disease? 43. Have you had any problems with your eyes or vision?				
during exercise?				44. Have you had any eye injuries?					
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No	45. Do you wear glasses or contact lenses?				
		lative died of heart problems or had an			46. Do you wear protective eyewear, such as goggles or a face shield?				
		udden death before age 50 (including ccident, or sudden infant death syndrome)	?		47. Do you worry about your weight?				
		ave hypertrophic cardiomyopathy, Marfan ght ventricular cardiomyopathy, long QT			48. Are you trying to or has anyone recommended that you gain or lose weight?				
		e, Brugada syndrome, or catecholaminerg	ic		49. Are you on a special diet or do you avoid certain types of foods?				
. ,	rphic ventricular tach	ave a heart problem, pacemaker, or			50. Have you ever had an eating disorder?				
	ed defibrillator?	ave a neart problem, pacemaker, or			51. Do you have any concerns that you would like to discuss with a doctor?				
		d unexplained fainting, unexplained			FEMALES ONLY				
	s, or near drowning?		.,		52. Have you ever had a menstrual period?				
	JOINT QUESTIONS	to a hone munde ligement autoute	Yes	No	53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months?	-			
	ou ever nad an injury Ised you to miss a pr	to a bone, muscle, ligament, or tendon actice or a game?			54. How many periods have you had in the last 12 months? Explain "yes" answers here				
3. Have yo	u ever had any broke	n or fractured bones or dislocated joints?			Explain yes unswels here				
,	ou ever had an injury ns, therapy, a brace, a	that required x-rays, MRI, CT scan, a cast, or crutches?							
	u ever had a stress f								
		you have or have you had an x-ray for ned ability? (Down syndrome or dwarfism)	k						
2. Do you	regularly use a brace	, orthotics, or other assistive device?							
		or joint injury that bothers you?							
		painful, swollen, feel warm, or look red?							
). Do you	nave any history of ju	venile arthritis or connective tissue diseas	e?						

PHYSICAL EXAMINATION									
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 perfor • Do you wear a seat belt, use a helmet, and use condoms? 2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).	mance?								
EXAMINATION									
0	☐ Female								
BP / (/) Pulse Vision	R 20/	L 20/ Corrected Y N							
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 a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)									
Pulses • Simultaneous femoral and radial pulses									
Lungs									
Abdomen									
Genitourinary (males only) ^b Skin									
HSV, lesions suggestive of MRSA, tinea corporis									
Neurologic C									
MUSCULOSKELETAL Needs									
Neck Back									
Shoulder/arm									
Elbow/forearm	1								
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 GU 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 treatm	ent 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 D0