■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Name:	if younger than 18) before your appointment Date of birth:				
	Sport(s):				
	How do you identify your gender? (F, M, or other):				
List past and current medical conditions.					
Have you ever had surgery? If yes, list all past sur	gical procedures				
Medicines and supplements: List all current preso	criptions, over-the-counter medicines, and supplements (herbal and nutritional).				
Do you have any allergies? If yes, please list all y	your allergies (ie, medicines, pollens, food, stinging insects).				

Patient Health Questionnaire Version 4 (PHQ-4)				
Over the last 2 weeks, how often have you been be	oothered by any of	the following prob	olems? (Circle response.)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
$ A \le 1$ is considered positive on either	r subscale lauestion	s 1 and 2 or aue	stions 3 and 41 for scre	ening purposes)

(Ехр	ERAL QUESTIONS lain "Yes" answers at the end of this form. e questions if you don't know the answer.)	Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

	RT HEALTH QUESTIONS ABOUT YOU NTINUED)	Yes	No
9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10.	Have you ever had a seizure?		
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

	IE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	1
4.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that			25. Do you worry about your weight?		L
	caused you to miss a practice or game?		Ш	26. Are you trying to or has anyone recommended that you gain or lose weight?		
5.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		
۱EC	OICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		Γ
6.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	1
	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			29. Have you ever had a menstrual period?30. How old were you when you had your first menstrual period?		
3.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?		
).	Do you have any recurring skin rashes or rashes that come and go, including herpes or		\Box	32. How many periods have you had in the past 12 months?		
	methicillin-resistant Staphylococcus aureus			For land (West) and the second		
	(MRSA)?			Explain "Yes" answers here.		
).	(MRSA)? Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			Explain "Tes" answers nere.		
	Have you had a concussion or head injury that caused confusion, a prolonged headache, or			Explain "Tes" answers nere.		
1.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or			Explain "Tes" answers nere.		
1.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? Have you ever become ill while exercising in the			Explain "Tes" answers nere.		

and correct. Signature of athlete: ____

Date: ____

Signature of parent or guardian:

No

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This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

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, e-cigarettes, 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-enhancing 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?

During the past 30 days, did you use chewing tobacco, snuff, or dip?

2. Consider reviewing questions on cardiovascular sympton	ms (Q4–Q13 of History Fo	rm).			
EXAMINATION					
Height: Weight:					
BP: / (/) Pulse:	Vision: R 20/	L 20/	Correc	ted: 🗆 Y	□N
COVID-19 VACCINE					
Previously received COVID-19 vaccine:					
Administered COVID-19 vaccine at this visit: \square Y \square N	If yes: □ First dose	□ Second do	se		
MEDICAL				NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pemyopia, mitral valve prolapse [MVP], and aortic insuffici		actyly, hyperla	ixity,		
Eyes, ears, nose, and throat Pupils equal Hearing					
Lymph nodes					
Heart ^a • Murmurs (auscultation standing, auscultation supine, and	d ± Valsalva maneuver)				
Lungs					
Abdomen					
Skin Herpes simplex virus (HSV), lesions suggestive of methici tinea corporis	illin-resistant Staphylococcu	us aureus (MRS	SA), or		
Neurological					
MUSCULOSKELETAL				NORMAL	ABNORMAL FINDINGS
Neck					
Back					
Shoulder and arm					
Elbow and forearm					
Wrist, hand, and fingers					
Hip and thigh					
Knee					
Leg and ankle					
Foot and toes					
Functional Double-leg squat test, single-leg squat test, and box drop	o or step drop test				
^a Consider electrocardiography (ECG), echocardiography, renation of those.			liac histo	ory or examin	nation findings, or a combi-
Name of health care professional (print or type):					te:
Address:			Ph	ione:	MD DO NP or PA

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PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM _____ Date of birth: _____ Name: ☐ Medically eligible for all sports without restriction ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of ☐ Medically eligible for certain sports ☐ Not medically eligible pending further evaluation □ Not medically eligible for any sports Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians). Address: ______ Phone: _____ Signature of health care professional: ____ , MD, DO, NP, or PA **SHARED EMERGENCY INFORMATION** Allergies: Other information: _____ Emergency contacts:

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