

# Preparticipation Physical Evaluation - Physical Form

Name \_\_\_\_\_ Middle \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last Name First

<b>Examination</b>
Height: _____ Weight: _____
BP: / ( / ) Pulse: _____ Vision: R 20/ L 20/ Corrected ____ Yes ____ No

Medical	Normal	Abnormal Findings
<b>Appearance:</b> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
<b>Eyes / Ears / Nose / Throat</b> - Pupils equal / Hearing		
<b>Lymph Nodes</b>		
<b>Heart</b> - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Skin</b> - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
<b>Neurologic</b>		
<b>Musculoskeletal:</b>		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

### Preparticipation Physical Evaluation

\_\_\_ 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. If conditions arise after the athlete had 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.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_ MD, DO, NP, or PA

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## Preparticipation Physical Evaluation - History Form

**Note: Complete and sign this form (with your parents if younger than 18) before your appointment.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date

of Examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

List past and current medical conditions: \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures: \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): \_\_\_\_\_

<b>General Questions.</b> Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	<b>Yes</b>	<b>No</b>	8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.		
1. Do you have any concerns that you would like to discuss with your provider?			9. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			10. Have you ever had a seizure?		
3. Do you have any ongoing medical issues or recent illness?			<b>Health Questions About Your Family</b>	<b>Yes</b>	<b>No</b>
<b>Heart Health Questions About You</b>	<b>Yes</b>	<b>No</b>	11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?		
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			<b>Bone and Joint Questions</b>	<b>Yes</b>	<b>No</b>
7. Has a doctor ever told you that you have any heart problems?					

[illegible]

Signature of athlete:

\_\_\_\_\_  
or guardian: Signature of parent Date