Preparticipation Physical Evaluation - Physical Form

Last Name First

Name Middle Initial Date of Birth Examination	
Height: Weight:	
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected Yes No	

Medical	Norm al	Abnormal Findings	
Appearance: Marfan stigmata (kyphoscoliosis, high–arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency			
Eyes / Ears / Nose / Throat - Pupils equal / Hearing			
Lymph Nodes			
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver			
Lungs			
Abdomen			
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis			
Neurologic			
Musculoskeletal:			
- 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.

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					-	
 Not medically eligible pending further evaluation. Not medically eligible for any sports. 						
Recommendations:						
not have apparent clinical contraindications to prac conditions arise after the athlete had been cleared f	tice a	and ourtici	eted the preparticipation physical evaluation. The ath can participate in the sport(s) as outlined on this form pation, the physician may rescind the medical eligibi- completely explained to the athlete and parents or gu	n. If ility ı	until	
Name of health care professional (print or type):			Date:			
Address:			Phone:			
	Signature of health care professional:					
for Sports Medicine, and American Osteopathic Academy od Sports Medicine. Permiss Preparticipation Phys	ion is gr	anted to	Evaluation - History Fo			
	-	-	rents if younger than 18) before your appointment Date of Birth: Sex:	Г	Date	
					Juic	
Medicines and supplements: List all current prescriptions, over	er-the-	count	ter medicines, and supplements (herbal and nutritional):			
General Questions. Explain "Yes" answers at the end of this form. Circle questions if you don't	Ye s		8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.			
know the answer.	┥		9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			
1. Do you have any concerns that you would like to discuss with your provider?			10. Have you ever had a seizure?			
2. Has a provider ever denied or restricted your participation in sports for any reason?			Health Questions About Your Family	Ye s	N 0	
3. Do you have any ongoing medical issues or recent illness?			11. Has any family member or relative died of heart problems or			
Heart Heath Questions About You	Ye s	N 0	had an unexpected or unexplained sudden death before age 35 (<i>including drowning or unexplained car accident</i>)?			
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, arrhythmogen- ic right ventricular cardiomyopathy (ARVC), long QTsyndrome (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?						
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?			
7. Has a doctor ever told you that you have any heart problems?			Bone and Joint Questions	Ye s	N 0	

14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?		eyes or vision?
		25. Do you worry about your weight?
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		26. Are you trying to or has anyone recommended that you gain or lose weight?
		27. Are you on a special Diet or do you avoid certain types of foods?
Medical Questions	Y	28. Have you ever had an eating disorder?
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		Females Only
17. Are you missing a kidney, an eye, a testicle (males), your		29. Have you ever had a menstrual period?
spleen, or any other organ?		30. How old were you when you had your first menstrual period?
18. 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?
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		32. How many periods have you had in the past 12 months?
20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		Explain a "Yes" answer here:
21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		-
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your		

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct. Signature of athlete:

or guardian:

_____ Signature of parent Date

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