## **Preparticipation Physical Evaluation - Physical Form**

| Last Name   | First Name   | M   | iddle Initial                   |  | Date of Birth   |
|---|--|---|---------------------------------|--|---|
| Examination   |  |   |                                 |  |   |
| Height:   | Weight:  |   |                                 |  |   |
| BP: / ( /   | ) Pulse:   | Vision:   | R 20/                           | L 20/                                      | Corrected Yes No  |
| Medical   |  |   |                                 | Normal                                     | Abnormal Findings   |
| Appearance: Marfan stigmata (kyphoscoliosis, l myopia, mitral valve prolapse (MV                    |  | vatum, arachnodac                               | tyly, hyperlaxity,              |  |   |
| Eyes / Ears / Nose / Throa<br>- Pupils equal / Hearing  | t  |   |                                 |  |   |
| Lymph Nodes   |  |   |                                 |  |   |
| Heart - Murmurs (auscultation standing,   | auscultation supine, and +/- Va  | lsalva maneuver                                 |                                 |  |   |
| Lungs   |  |   |                                 |  |   |
| Abdomen   |  |   |                                 |  |   |
| Skin - Herpes simplex virus (HSV), lesi (MRSA), or tinea corporis                                   | ions suggestive of methicillin-re  | sistant Staphyloco                              | ccus aureus                     |  |   |
| Neurologic  |  |   |                                 |  |   |
| Musculoskeletal:  |  |   |                                 |  |   |
| - Neck  |  |   |                                 |  |   |
| - Back  |  |   |                                 |  |   |
| - Shoulders/Arm   |  |   |                                 |  |   |
| - Elbow/Forearm   |  |   |                                 |  |   |
| - Wrist/Hand/Fingers  |  |   |                                 |  |   |
| - Hip/Thighs  |  |   |                                 |  |   |
| - Knees   |  |   |                                 |  |   |
| - Leg/Ankles  | _  |   |                                 |  |   |
| - Foot/Toes   |  | 1 . 1   |                                 |  |   |
| - Functional: Double-leg squat te   |  |   |                                 |  |   |
| Medically eligible for all s  | Prepresports without restriction.  | participation Ph                                | ysical Evaluati                 | on   | examination findings or a combination of those.  eatment of:  |
| Medically eligible for certa Not medically eligible pen Not medically eligible for Recommendations: | nding further evaluation. any sports.  |   |                                 |  |   |
| I have examined the stude not have apparent clinical conditions arise after the                     | ent named on this form<br>al contraindications to<br>athlete had been cleare | and complete<br>practice and<br>d for participa | ed the prepart<br>can participa | icipation ph<br>te in the sp<br>sician may | hysical evaluation. The athlete does port(s) as outlined on this form. If rescind the medical eligibility until a athlete and parents or guardians. |
| Name of health care profess   | sional (print or type):  |   |                                 |  | Date:   |
|   |  |   |                                 |  | Phone:  |
| Signature of health care pro  |  |   |                                 |  | 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.

| nme: Date of Birth:  |     |    |   |     | -  |  |  |  |  |  |
|--|-----|----|---|-----|----|--|--|--|--|--|
| 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):  |     |    |   |     |    |  |  |  |  |  |
|  |     |    |   |     |    |  |  |  |  |  |
| eneral Questions.  xplain "Yes" answers at the end of this form. Circle questions if you don't now the answer.   |     | No | Medical Questions  16. Do you cough, wheeze, or have difficulty breathing during or   | Yes | No |  |  |  |  |  |
| Do you have any concerns that you would like to discuss with your provider?  |     |    | after exercise?  17. Are you missing a kidney, an eye, a testicle (males), your spleen,   |     |    |  |  |  |  |  |
| Has a provider ever denied or restricted your participation in sports for any reason?  |     |    | or any other organ?  18. Do you have groin or testicle pain or a painful bulge or hernia in the   |     |    |  |  |  |  |  |
| Do you have any ongoing medical issues or recent illness?  |     |    | groin area?   |     |    |  |  |  |  |  |
| Heart Heath Questions About You  |     | No | 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus                  |     |    |  |  |  |  |  |
| Have you ever passed out or nearly passed out DURING or AFTER exercise?  |     |    | aureus (MRŠA)?  |     |    |  |  |  |  |  |
| Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  |     |    | 20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?                              |     |    |  |  |  |  |  |
| Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?  |     |    | 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? |     |    |  |  |  |  |  |
| 7. Has a doctor ever told you that you have any heart problems?  |     |    | 22. Have you ever become ill while exercising in the heat?  |     |    |  |  |  |  |  |
| 8. Has a doctor ever ordered a test for your heart? (for example   |     |    | 23. Do you or someone in your family have sickle cell trait or disease?   |     |    |  |  |  |  |  |
| Electrocardiography (ECG) or echocardiography.  9. Do you get lightheaded or feel shorter of breath than your friends  |     |    | 24. Have you ever had or do you have any problems with your eyes or vision?   |     |    |  |  |  |  |  |
| during exercise?   |     |    | 25. Do you worry about your weight?   |     |    |  |  |  |  |  |
| 10. Have you ever had a seizure?   |     |    | 26. Are you trying to or has anyone recommended that you gain or  |     |    |  |  |  |  |  |
| Health Questions About Your Family   |     | No | lose weight?  |     |    |  |  |  |  |  |
| 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)?  |     |    | 27. Are you on a special Diet or do you avoid certain types of foods?  28. Have you ever had an eating disorder?                                |     |    |  |  |  |  |  |
|  |     |    | Females Only  | Ves | No |  |  |  |  |  |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QTsyndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? |     |    | 29. Have you ever had a menstrual period?   | res | NO |  |  |  |  |  |
|  |     |    | 30. How old were you when you had your first menstrual period?  |     |    |  |  |  |  |  |
|  |     |    | 31. When was your most recent menstrual period?   |     |    |  |  |  |  |  |
| 13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?   |     |    | 32. How many periods have you had in the past 12 months?  |     |    |  |  |  |  |  |
| Ü  |     | No | Explain a "Yes" answer here:  |     |    |  |  |  |  |  |
| 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?  | Yes |    |   |     |    |  |  |  |  |  |
| 15. Do you have a bone, muscle, ligament or joint injury that bothers you?   |     |    |   |     |    |  |  |  |  |  |
| 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:  |     |    |   |     |    |  |  |  |  |  |
|  |     |    |   |     |    |  |  |  |  |  |
| Signature of parent or guardian:   |     |    |   |     |    |  |  |  |  |  |
| Date   |     |    |   |     |    |  |  |  |  |  |

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