



Physical Examination Form



Name _____ Date of Birth _____

EXAMINATION

Height _____ Weight _____ Male Female BP _____ Pulse _____ Vision R 20/____ L 20/____ Corrected YES NO

MEDICAL

Appearance

- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency)

NORMAL _____ ABNORMAL FINDINGS _____

Eyes/Ears/Nose/Throat

- Pupils Equal
- Hearing

NORMAL _____ ABNORMAL FINDINGS _____

Lymph Nodes

NORMAL _____ ABNORMAL FINDINGS _____

Heart*

- Murmurs (auscultation standing, supine, +/- Valsalva)
- Location of point of maximal impulse (PM)

NORMAL _____ ABNORMAL FINDINGS _____

Pulses

- Simultaneous femoral and radial pulses

NORMAL _____ ABNORMAL FINDINGS _____

Lungs

NORMAL _____ ABNORMAL FINDINGS _____

Abdomen

NORMAL _____ ABNORMAL FINDINGS _____

Genitourinary (males only)*

NORMAL _____ ABNORMAL FINDINGS _____

Skin

- HSV, lesions, suggestive of MRSA, tinea corporis

NORMAL _____ ABNORMAL FINDINGS _____

Neurologic*

NORMAL _____ ABNORMAL FINDINGS _____

MUSCULOSKELETAL

Neck

NORMAL _____ ABNORMAL FINDINGS _____

Back

NORMAL _____ ABNORMAL FINDINGS _____

Shoulder/Arm

NORMAL _____ ABNORMAL FINDINGS _____

Elbow/Forearm

NORMAL _____ ABNORMAL FINDINGS _____

Wrist/Hand/Fingers

NORMAL _____ ABNORMAL FINDINGS _____

Hip/Thigh

NORMAL _____ ABNORMAL FINDINGS _____

Knee

NORMAL _____ ABNORMAL FINDINGS _____

Leg/Ankle

NORMAL _____ ABNORMAL FINDINGS _____

Foot/Toes

NORMAL _____ ABNORMAL FINDINGS _____

Functional

- Duck-walk, single leg hop

NORMAL _____ ABNORMAL FINDINGS _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sport

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outline 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 DO

HISTORY FORM

Date of Exam _____ Name _____ Sex _____ Age _____ Grade _____ School _____ Sport _____

In Case of Emergency, Contact: Name _____ Relationship _____ Phone _____

MEDICATIONS AND ALLERGIES: Medications & Supplements: (Please list all of the prescriptions and over-the-counter medications and supplements that you are currently taking.)

ALLERGIES: Do you have any allergies? YES NO If so, do they include: Medications YES NO Food YES NO Pollens YES NO Insect Stings YES NO
Other (Please Specify) _____

Please Explain "YES" Answers Below. Circle Questions if you do not know the answers to.

GENERAL QUESTIONS

- YES NO 1. Has a Doctor ever denied or restricted your participation in sports for any reason?
 YES NO 2. Do you have any ongoing medical conditions? If so, please specify. (Asthma, Anemia, Diabetes, Infections, etc.) _____
 YES NO 3. Have you ever spent overnight in the hospital?
 YES NO 4. Have you ever had surgery?

HEART HEALTH HISTORY ABOUT YOU

- YES NO 5. Have you ever passed out or nearly passed out DURING or AFTER exercising?
 YES NO 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?
 YES NO 7. Does your heart ever race or skip a beat during exercise? (irregular beats)
 YES NO 8. Have you ever been diagnosed or informed that you have any heart problems?
If so, please specify (High Blood Pressure, High Cholesterol, Kawasaki Disease, Heart Murmur, Heart Infection, etc.) _____
 YES NO 9. Has a doctor ever ordered a test on your heart? (ECG/EKG, echocardiogram) If so, please specify _____
 YES NO 10. Do you get light headed or feel more short of breath than expected during exercise?
 YES NO 11. Have you ever had an unexplained seizure?
 YES NO 12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH HISTORY ABOUT YOUR FAMILY

- YES NO 13. Has a family member or a relative died of heart problems or had an unexpected or unexplained sudden death before the age of 50? (including drowning, unexplained car accident, or sudden death infant syndrome)
 YES NO 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan Syndrome, Arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?
 YES NO 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
 YES NO 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

- Yes No 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?
 Yes No 18. Have you ever had any broken or fractured bones or dislocated joints?
 Yes No 19. Have you ever had an injury that required X-Rays, MRI, CT Scan, injection therapy, a brace, cast, or crutches?
 Yes No 20. Have you ever had a stress fracture?
 Yes No 21. Have you ever been told that you have or have you had an X-Ray for neck instability or atlantoaxial instability? (Down Syndrome or Dwarfism)
 Yes No 22. Do you regularly use a brace, orthotics, or other assistive devices?
 Yes No 23. Do you have a bone, joint, or muscle injury that bother you?
 Yes No 24. Do any of your joints become painful, swollen, warm, or look red?
 Yes No 25. Do you have a history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS

- Yes No 26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
 Yes No 27. Have you ever used an inhaler or taken asthma medicine?
 Yes No 28. Is there anyone in your family who has asthma?
 Yes No 29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spleen, or any other organs?
 Yes No 30. Do you have groin pain or a painful bulge or hernia in the groin area?
 Yes No 31. Have you had infection mononucleosis (mono) within the last month?
 Yes No 32. Do you have any rashes, pressure sores, or other skin problems?
 Yes No 33. Have you had a herpes or MRSA skin infection?
 Yes No 34. Have you ever had a head injury or concussion?
 Yes No 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
 Yes No 36. Do you have a history of seizure disorder?
 Yes No 37. Do you have headaches with exercise?
 Yes No 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
 Yes No 39. Have you ever been unable to move your arms or legs after being hit or falling?
 Yes No 40. Have you ever become ill while exercising in heat?
 Yes No 41. Do you get frequent muscle cramps when exercising?
 Yes No 42. Do you or someone in your family have sickle cell trait or disease?
 Yes No 43. Have you had any problems with your eyes or vision?
 Yes No 44. Have you had any eye injuries?
 Yes No 45. Do you wear glasses or contact lenses?
 Yes No 46. Do you wear protective eyewear, such as goggles or a face shield?
 Yes No 47. Do you worry about your weight?
 Yes No 48. Are you trying to or has anyone recommended that you gain or lose weight?
 Yes No 49. Are you on a special diet or do you avoid certain types of food?
 Yes No 50. Have you ever had an eating disorder?
 Yes No 51. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

- Yes No 52. Have you ever had a menstrual period?
 Yes No 53. How old were you when you had your first menstrual period?
 Yes No 54. How many periods have you had in the last 12 months?

Please explain "YES" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____