



**PRE-PARTICIPATION PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Sport \_\_\_\_\_ DOB \_\_\_\_\_  
 (Last, First, Middle Initial)

**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, 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 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?

**2. Consider reviewing questions on cardiovascular symptoms (questions 12-19)**

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / ( / )	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <input type="checkbox"/> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, MVP, aortic insufficiency)			
Eyes/ears/nose/throat <input type="checkbox"/> Pupils equal <input type="checkbox"/> Hearing			
Lymph Nodes			
Heart <sup>a</sup> <input type="checkbox"/> Murmurs (auscultation standing, supine, +/- Valsalva) <input type="checkbox"/> Location of point of maximal impulse (PMI)			
Pulses <input type="checkbox"/> Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (Male) <sup>b</sup>			
Skin <input type="checkbox"/> HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back (Spine)		
Shoulder / Arm		
Elbow / Forearm		
Wrist / Hand / Fingers		
Hip / Thigh		
Knee / Lower Leg		
Ankle / Foot / Toes		
Functional <input type="checkbox"/> Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports participation without restriction**
  - Cleared for all sports without restriction with recommendations for further evaluation or treatment for** \_\_\_\_\_
  - Not cleared**
    - Pending further evaluation**
    - For any sports**
    - 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 outlined above. If conditions arise after the athlete has been cleared for participation, a 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, PA or NP** \_\_\_\_\_