



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

MUSCULOSKELETAL		
Neck		
Back (Spine)		
Shoulder / Arm		
Elbow / Forearm		
Wrist / Hand / Fingers		
Hip / Thigh		
Knee / Lower Leg		
Ankle / Foot / Toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider 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 _____