# Preparticipation Physical Evaluation

## History Form

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam ______________

Name ______________________ Date of birth ________

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

### Medicines and Allergies

Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking below:

- [ ] Medicines
- [ ] Pollens
- [ ] Food
- [ ] Stinging Insects

Do you have any allergies?  
- [ ] Yes  
- [ ] No  
If yes, please identify specific allergy below.

**Explain “Yes” answers below. Circle questions you don’t know the answers to.**

<table>
<thead>
<tr>
<th><strong>GENERAL QUESTIONS</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2. Do you have any ongoing medical conditions? If so, please identify below:  
  - [ ] Asthma  
  - [ ] Anemia  
  - [ ] Diabetes  
  - [ ] Infections  
  - [ ] Other: |
| 3. Have you ever spent the night in the hospital? | Yes | No |
| 4. Have you ever had surgery? | Yes | No |

### Heart Health Questions About You

- [ ] 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? 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 beats (irregular beats) during exercise? Yes | No |
- [ ] 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  
  - [ ] High blood pressure  
  - [ ] A heart murmur  
  - [ ] High cholesterol  
  - [ ] A heart infection  
  - [ ] Kawasaki disease  
  - [ ] Other: |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | Yes | No |
| 10. Do you get lightheaded 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? | Yes | No |

### Heart Health Questions About Your Family

- [ ] 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death 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? | Yes | No |

### Bone and Joint Questions

- [ ] 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a 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, injections, therapy, a brace, a 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 device? | Yes | No |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | Yes | No |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | Yes | No |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | Yes | No |

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 __________

Name ___________________________________________ Date of birth ________________

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?
   - During the past 30 days, did you use 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 5–14).

EXAMINATION

Height

Weight

□ Male □ Female

BP / ( / ) Pulse

Vision R 20/ L 20/

Corrected □ Y □ N

MEDICAL

NORMAL

ABNORMAL FINDINGS

Appearance

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

Eyes/ears/nose/throat

• Pupils equal

• Hearing

Lymph nodes

Heart*

• Murmurs (auscultation standing, supine, +/- Valsalva)

• Location of point of maximal impulse (PMI)

Pulses

• Simultaneous femoral and radial pulses

Lungs

Abdomen

Genitourinary (males only)*

Skin

• HSV, lesions suggestive of MRSA, linea corporis

Neurologic*

MUSCULOSKELETAL

Neck

Back

Shoulder/arm

Elbow/forearm

Wrist/hand/fingers

Hip/thigh

Knee

Leg/ankle

Foot/toes

Functional

• Duck-walk, single leg hop

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

*Consider DEXA exam if in private setting. Having third party present is recommended.

*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

□ 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 sports

□ For certain sports ________________________________________________________

Reason ________________________________________________________

Recommendations ________________________________________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined 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
Preparticipation Physical Evaluation

CLEARANCE FORM

Name ____________________________ Sex ☐ M ☐ F Age ______________ Date of birth ______________

☐ 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 sports

☐ For certain sports

Reason ____________________________________________________________

Recommendations
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________

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

EMERGENCY INFORMATION

Allergies

______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________

Other information

______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________