

Pre-participation Physical Examination – Physician Evaluation Form

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 feel safe at your home or residence?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- 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 ever feel sad, hopeless, depressed, or anxious?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Do you wear a seat belt?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____	L 20/ _____ Corrected <input type="checkbox"/> Y
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> • Pupils equal • Hearing 			
Lymph nodes			
Heart a <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> • 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 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 TODAY 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. A copy of the physical exam is on record in my office. 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