



*** TAKE A PICTURE OF YOUR PHYSICAL, UPLOAD TO YOUR CLEARANCE ACCOUNT ***
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VILLA PARK HIGH SCHOOL ATHLETICS DEPARTMENT
PHYSICAL EXAMINATION FORM

M.D. or D.O. STAMP

NAME: _____ Date of Birth: _____ Age: _____

PHYSICIAN REMINDERS

- 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, e-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-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight to improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION			
HEIGHT:	WEIGHT:		
BP: / (/)	PULSE:	VISION: R 20 / L 20 / CORRECTED: <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL		NORMAL	ABNORMAL FINDINGS
APPEARANCE: <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)			
EYES, EARS, NOSE, AND THROAT <ul style="list-style-type: none">Pupils equalHearing			
LYMPH NODES			
HEART <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and ± and Valsalva maneuver)			
LUNGS			
ABDOMEN			
SKIN <ul style="list-style-type: none">Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis			
NEUROLOGICAL			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
NECK			
BACK			
SHOULDER AND ARM			
ELBOW AND FOREARM			
WRIST, HAND, AND FINGERS			
HIP AND THIGH			
KNEE			
LEG AND ANKLE			
FOOT AND TOES			
FUNCTIONAL <ul style="list-style-type: none">Double-leg squat test, single-leg squat test, and box drop or step drop test			

Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

- ☐ 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 Health Care Professional (Print or Type):	Date:
Address:	Phone:
Signature of Health Care Professional:	MD, DO, NP, or PA