

# PHYSICAL EXAMINATION 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 ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarette, 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	<input type="checkbox"/> Male <input type="checkbox"/> Female				
BP	/	( / )	Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> 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 <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)						
Pulses • Simultaneous femoral and radial pulses						
Lungs						
Abdomen						
Genitourinary (males only) <sup>b</sup>						
Skin • HSV, lesions suggestive of MRSA, tinea corporis						
Neurologic <sup>c</sup>						
MUSCULOSKELETAL						
Neck						
Back						
Shoulder/arm						
Elbow/forearm						
Wrist/hand/fingers						
Hip/thigh						
Knee						
Leg/ankle						
Foot/toes						
Functional • Duck-walk, single leg hop						

- 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, 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, advanced practice nurse (APN), physician assistant (PA) (print/type) \_\_\_\_\_ Date of exam \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_