

Pre-Participation Physical Evaluation

MEDICAL HISTORY FORM (Check one) ☐ Track and Field ☐ Cross Country

(Note: This form is to be filled out by the athlete and parent prior to seeing the physician. Please include with Physical Examination Form.)

Athlete Name: _____ Sex: ☐ M ☐ F Age: _____ Date of Birth: _____**Medicines:** Please list all prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.**Allergies:** Do you have any allergies? ☐ Yes ☐ No Check all that apply: ☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

If yes, please identify: _____

Do you have a medical alert bracelet or necklace? ☐ Yes ☐ No ☐ Non-Applicable

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any medical conditions: If so, please identify <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other _____			27. Have you ever had an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Where you born without or are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU			30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING exercise?			31. Have you had infectious mononucleosis(mono) within the last month?		
6. Have you ever passed out or nearly passed out AFTER exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			33. Have you had a Herpes or MRSA skin infection?		
8. Does your heart race or skip beats (irregular beats) during exercise?			34. Have you ever had a head injury or concussion?		
9. Has your doctor ever told you that you have any heart problems? If so, check all that apply <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection <input type="checkbox"/> Other _____			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Has a doctor ever ordered a test for your heart? (ECG/EKG, echocardiogram)			36. Do you have a history of a seizure disorder?		
11. Do you get lightheaded or feel more shortness of breath than expected during exercise?			37. Do you have headaches with exercise?		
12. Have you ever had an unexplained seizure?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			41. Do you get frequent muscle cramps when exercising?		
15. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			42. Do you or anyone in your family have sickle cell trait or disease?		
16. 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?			43. Have you had problems with your eyes or vision?		
BONE AND JOINT QUESTIONS			44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practices, meets, or games? Ex. Sprain, muscle or ligament tear, tendonitis			45. Do you wear eyeglasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Are you on a special diet or do you avoid certain types of food?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or Atlantoaxial instability?			49. Do you have any concerns that you would like to discuss with a doctor?		
22. Do you regularly use a brace, orthotic, or other assistive device?			FEMALES ONLY		
23. Do you have a bone, muscle, or joint injury that bothers you?			50. Have you ever had a menstrual period?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			51. How old were you when you had your first menstrual period?		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. How many periods have you had in the last 12 months?		

Explain "yes" answers: _____

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: _____

Pre-Participation Physical Evaluation

PHYSICAL EXAMINATION FORM – TO BE COMPLETED BY THE PHYSICIAN

Date of Exam: _____

Athlete Name: _____ Sex: ☐ M ☐ F Age: _____ Date of Birth: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ | Vision: R 20/____ L 20/____ Corrected: ☐ Yes ☐ No

EMERGENCY INFORMATION:

Drug Allergies: _____

Other Information: _____

MEDICAL	Normal	Abnormal Findings
Appearance Marfan stigmata (kyphoscoliosis, high arched palate, peclus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, arotic insufficiency)		
Eyes/Nose/Throat Pupils equal Hearing		
Lymph Nodes		
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) <i>Consider ECG, echocardiogram and referral to cardiology for abnormal heart history or exam.</i>		
Pulses Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary / Hernia (males only) <i>If exam is in a private setting, a third party present is recommended.</i>		
Skin HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <i>Consider cognitive evaluation or baseline neuropsychiatric testing if history of significant concussion is present.</i>		
MUSCULOSKELETAL: ROM, Strength	Normal	Abnormal Findings
Neck		
Back/Spine		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional Duck-walk, Single leg hop right Single leg hop left		

☐ 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 Track Events ☐ For Field Events ☐ For Cross Country

Reason: _____

Recommendations: _____

Physician: I certify that I have examined the above-named athlete 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 examination and medical history is on record in my office and can be made available to the LVER staff 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. I also certify that I am a licensed medical physician, physician's assistant, or nurse practitioner.

Name of physician: (print/type/stamp) _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____