

# Physical Examination Form

**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 taken any supplements to help you gain or lose weight or improve your performance?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

- \* Do you drink alcohol or use any other drugs?
- \* Have you ever taken anabolic steroids or used any other performance supplement?
- \* Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- \* During the past thirty (30) days, did you use chewing tobacco, snuff, or dip?
- \* Do you wear a seat belt, use a helmet, and use condoms?

## EXAMINATION

Name \_\_\_\_\_  Male  Female Birth date \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected  Yes  No

	NORMAL	ABNORMAL FINDINGS
<b>MEDICAL</b>		
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>		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/Thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional ~Duck-walk, single leg hop		

*a - Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 b - Consider GU exam if in private setting. Having third party present is recommended.  
 c - 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 Reason \_\_\_\_\_  
 For any sports Recommendations \_\_\_\_\_  
 For certain sports \_\_\_\_\_

I have examined the above-named student and completed the pre participation physical evaluation. The athlete does not present apparent clinical contradictions 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 that 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).

Physician Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

**Physician Signature** \_\_\_\_\_  MD  DO  ARNP  PA Date \_\_\_\_\_

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