PREPARTICIPATION PHYSICAL EVALUATION

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 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 or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- 2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION											
Heigh					Weight:						
BP:		- 1		١	Pulse:	Vision: R 20,	/	L 20/	Corre	cted: 🗆 Y [
MEDI	CAL	,		<u>, </u>	1 0130.	¥131011. 1€ 20)		£ 207	COITC	NORMAL	ABNORMAL FINDINGS
my	arfan stig opia, m	itral va	lve pro	lapse		d palate, pectus excavatu ortic insufficiency)	ım, arachno	dactyly, hype	rlaxity,		
	ears, nos pils equa aring		l throat	•							
Lymph	nodes										
Heart ^o • Mu		ausculta	ation st	andir	ng, auscultation	ı supine, and ± Valsalva r	naneuver)				
Lungs											
Abdor	men										
	rpes sim		rus (HS	SV), le	esions suggestiv	ve of methicillin-resistant S	Staphylococo	cus aureus (N	IRSA), or		
Neuro	logical										
MUSC	CULOSKI	ELETAL								NORMAL	ABNORMAL FINDINGS
Neck											
Back											
Should	der and	arm									
Elbow	and for	earm									
Wrist,	hand, a	nd fing	gers								
Hip ar	nd thigh										
Knee											
Leg ar	nd ankle										
Foot a	nd toes										
Function Do		squat	test, sir	ngle-l	eg squat test, a	nd box drop or step drop	test test				
	der elect of those.	rocard	iograpl	hy (E	CG), echocardi	ography, referral to a car	diologist for	abnormal co	ardiac histo	ory or examin	ation findings, or a combi-
Name o	of health	care p	rofessi	onal (print or type):					Dat	te:
Address											
Sianatu	re of he	alth car	re profe	ession	nal:						, MD, DO, NP, or PA

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