

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.								
Name:		Sport(s):						
Sex: M/F		эрогця;:						
List past and current medical conditions.								
Have you ever had surgery? If yes, list all past surgi								
Medicines and supplements: List all current prescrip	ptions, over-the-	counter medicines, a	nd supplements (herb	al and nutrition	al).			
Do you have any allergies? If yes, please list all yo	ur allergies (ie, r	nedicines, pollens, fo	ood, stinging insects).					
Patient Health Questionnaire Version 4 (PHQ-4)								
Over the last 2 weeks, how often have you been be	othered by any o Not at all		lems? (check box next Over half the days					
Feeling nervous, anxious, or on edge	□ 0	□ 1	□ 2	□3				
Not being able to stop or control worrying	□o	□ 1	□ 2	□3				
Little interest or pleasure in doing things	□ο	□ 1	□ 2	□ 3				
Feeling down, depressed, or hopeless	□0	□ 1	<u></u> 2	□ 3				
(A sum of ≥3 is considered positive on either	subscale [questi	ons 1 and 2, or que	stions 3 and 4] for scr	reening purpose	эs.)			
		A						
GENERAL QUESTIONS (Explain "Yes" answers at the end of this form.			ESTIONS ABOUT YOU	Yes	s No			
	Yes No		ht-headed or feel shorte		. 110			
Do you have any concerns that you would like to discuss with your provider?			nds during exercise?	i or bream				
Has a provider ever denied or restricted your participation in sports for any reason?		10. Have you ever		SAAUV V				
3. Do you have any ongoing medical issues or			ESTIONS ABOUT YOUR		s No			
recent illness?			y member or relative die ad an unexpected or un					
HEART HEALTH QUESTIONS ABOUT YOU	Yes No		before age 35 years (in					
Have you ever passed out or nearly passed out during or after exercise?			nexplained car crash)?					
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS),						
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?								
7. Has a doctor ever told you that you have any heart problems?			rome, or catecholamine icular tachycardia (CPV					
Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			n your family had a pace defibrillator before age					

BOì	NE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			25. Do you worry about your weight? 26. Are you trying to or has anyone recommended that you gain or lose weight?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		
MEI	DICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	No
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			29. Have you ever had a menstrual period? 30. How old were you when you had your first menstrual period?	 	
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			32. How many periods have you had in the past 12 months? Explain "Yes" answers here.		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?					
22.	Have you ever become ill while exercising in the heat?					
23.	Do you or does someone in your family have sickle cell trait or disease?				, <u>,</u>	
24.	Have you ever had or do you have any prob- lems with your eyes or vision?					
and Signa	correct. ture of athlete:			answers to the questions on this form are a	ompl	ete
•	ture of parent or guardian:					
Date:						

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■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Knee

Leg and ankle Foot and toes Functional

• Double-leg squat test, single-leg squat test, and box drop or step drop test

Signature of health care professional:

PHYSICAL EXAMINATION FORM				
Name: Dat	e 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 perform to you wear a seat belt, use a helmet, and use condoms? 2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).				
EXAMINATION				
Height: Weight:				
BP: / (/) Pulse: Vision: R 20/ L 20/	Corrected:	<u> </u>]N
MEDICAL	N	ORMA		ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlar myopia, mitral valve prolapse [MVP], and aortic insufficiency)	xily,			
Eyes, ears, nose, and throat Pupils equal Hearing				
lymph nodes			T	
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)				
Lungs		\vdash	4	
Abdomen		<u> </u>	4	, .
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRS, tinea corporis	A), or			
Neurological				
MUSCULOSKELETAL	N	ORMAI		ABNORMAL FINDINGS
Neck				
Back			┪	
Shoulder and arm			7	
Elbow and forearm			T	
Wrist, hand, and fingers			寸	
Hip and thigh			十	

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

_____, MD, DO, NP, or PA

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3 Approved for Use Beginning March 2021

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MEDICAL ELIGIBILITY FORM Date of birth: Medically eligible for all sports without restriction Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of Medically eligible for certain sports Not medically eligible pending further evaluation ☐ Not medically eligible for any sports Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians). Name of health care professional (print or type): Address: ______ Phone: ______ Signature of health care professional: _____, MD, DO, NP, or PA SHARED EMERGENCY INFORMATION Allergies: Other information: Emergency contacts:

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