Date of birth

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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 ever feel sad, hopeless, depressed, or anxious? Have you ever tried 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 supplement have you ever taken any supplements to help you gain or lose weight or improve; Do you wear a seat bed, use a helmet, and use condoms? Consider reviewing questions on cardiovascular symptoms (questions 5–14).				
EXAMINATION		23-1-2-1-1	Committee of the second	(DH)
	☐ Male ☐ Female			
	Vision R 20/	L 20/	Corrected Y	7 N
BP / (/) Pulse	NOR		ABNORMAL FINDINGS	WHEN THE
	NON	SIAL.	Apitulianici iliolituo	
Appearance • Marian stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnoda arm span > height, hypertaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat	actyly,			
Pupils equal Hearing				
Lymph nodes				
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)				
Pulses				
Simultaneous femoral and radial pulses	The second			
Lungs	Althorne Arrest		and an arrange of	
Abdomen	1000			
Genitourinary (males only) ^a				
Skin				
HSV, lesions suggestive of MRSA, tinea corporis				
Neurologic ^c		7915	F	CONT.
MUSCULOSKELETAL		V 1-12 1-121	114 114 114	44.5
Neck				
Back				
Shoulder/arm				
Elbow/forearm				
Wrist/hand/fingers				
Hip/thigh				
Knee				
Leg/ankle				
Foot/loes				
Functional • Duck-walk, single leg hop				
*Consider ECG, echocardiogram, and reterral to cardiology for abnormal cardiac history or exam. *Consider GU exam if in private setting. Having third party present is recommended. *Consider cognitive evaluation or baseline neuropsychiatric testing if a history of argunificant concussion. Cleared for all sports without restriction.				
Cleared for all sports without restriction with recommendations for further evaluation	TO PERMICH TO			
☐ Not cleared				
□ Pending further evaluation				
☐ For any sports				
☐ For certain sports				
-				
Reason				
Recommendations				
I have examined the above-named student and completed the preparticipation phy participate in the sport(s) as outlined above. A copy of the physical exam is on rec- tions arise after the athlete has been cleared for participation, the physician may explained to the athlete (and parents/guardians).	cord in my office and ca	on be made available to the s	chool at the request of the par	rents. Il condi-
Name of physician (print/type)			Date	
			Phone	
Address			7 37/10	
Singature of physician				MD or DC

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PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name	Sex 🗆 M 🗆 F Age	Date of birth
☐ Cleared for all sports without restriction		
☐ Cleared for all sports without restriction with recommendation	ns for further evaluation or treatment for	
— Not cleared		
☐ Pending further evaluation		
☐ For any sports		
☐ For certain sports		
Reason		
Recommendations	The state is	
		All the second
The Marie Control of the Control of		
I have examined the above-named student and composition clinical contraindications to practice and participate is and can be made available to the school at the request the physician may rescind the clearance until the pro (and parents/guardians).	in the sport(s) as outlined above. A copy of the st of the parents, If conditions arise after the	e physical exam is on record in my office athlete has been cleared for participation,
Name of physician (print/type)		Date
Address		Phone
Signature of physician		, MD or DC
EMERGENCY INFORMATION		
Allergies		
	- 6	
		MSA PER SELECTION OF THE SELECTION OF TH
Other information		
Other information		
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PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Medicines and Altergles: Please lest all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medicines and Altergles: Please lest all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medicines and altergles: Please lest all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medicines and altergles: Please lest all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking pleases lest and the problems of the supplements (herbal and nutritional) that you are currently taking pleases lest and the problems of the supplements (herbal and nutritional) that you are currently taking pleases lest and the problems of the supplements (herbal and nutritional) that you are currently taking pleases lest and the supplements (herbal and nutritional) that you are currently taking pleases less that you have any endough pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently and nutritional that you are currently and nutritional taking pleases (herbal and nutritional) that you are currently taking pleases (herbal and nutritional) that you are currently and nutritional taking pleases (herbal and nutritional) that you are currently nutrition	ate of Exam			Date of birth			
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Do you have any altergies? Yes No If yes, please identify specific allergy below. Stinging Insects Pollens					Antrina		
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REDICAL QUESTIONS Pres No		ntify sp	ecific all	lergy below.			
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2. Do you have any engoing medical conditional? ** so please identify below Arthur may not provide the conditional of the con							
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12. Do you get more tired or short of breath more quickly than your friends thring exercise? 13. Has any family member or relative died of heart problems or hid an unexpected or unexplained sudden death before age 50 (including drowning), unexplained car accident, or sudden feath spring, unexplained car accident, or sudden feath spring, unexplained car accident, or sudden feath syndrome? 14. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to mas a practice or a game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to mas a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to mas a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to mas a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, C1 scan, ligectors, brange, a face, a cast, or cruteries? 20. Have you ever had an injury that required x-rays, MRI, C1 scan, ligectors, brange, a bone, muscle, or pass may that the state of have you had an x-ray for neck instability or attantowall instability? Goven symptome or dwarfsmall 20. Do you requirity use a bone, muscle, or pass may that others you? 21. Boy you requirity use a bone, muscle, or pass may that others you? 22. Do you requirity use a bone, muscle, or pass may that the others you? 23. Do you thave a bone muscle, or pass may that others you? 24. Bone you ever had a minury that required x-rays, MRI, C1 scan, lightly or attantowall instability? Goven symptome or dwarfsmall 20. Dyou requirity use a brace, or pass may that the others you? 25. Dyou requirity use a bone, muscle, or pass may that the others you? 26. D				41. Do you get frequent muscle cramps when exercising?			
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