

■ PRE-PARTICIPATION PHYSICAL EVALUATION

■ PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____

■ PLEASE REVIEW THE STUDENT ATHLETE'S MEDICAL INFORMATION ON THE HISTORY FORM.

EXAMINATION		
Height:	Weight:	
BP: /	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Any Marfan stigmata? (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal and reactive to light • Dental health		
Lymph nodes		
Heart* • Any murmurs? • Pulses (femoral, distal)		
Lungs		
Abdomen		
Skin • Any lesions suggestive of MRSA or HSV? • Any lesions suggestive of tinea or other?		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back and spine (scoliosis?)		
Shoulders and arms		
Elbows and forearms		
Wrists, hands, and fingers		
Hips and thighs		
Knees		
Legs and ankles		
Feet and toes		
Functional • Consider double-leg squat test, single-leg squat test, box drop or step drop test.		

*Consider electrocardiography, echocardiography, and/or referral to a cardiologist for an abnormal cardiac history or examination.

Name of Health Care Professional: _____ Date: _____

Address: _____ Phone: _____

Signature of Health Care Professional: _____ (MD, DO, NP, PA)

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MEDICAL ELIGIBILITY FORM

Name: _____

- ☐ Medically eligible for athletic activities without restrictions.
- ☐ Medically eligible for athletic activities without restrictions with recommendation for monitoring or evaluation.
- ☐ Medically eligible for only certain athletic activities.
- ☐ **NOT** medically eligible for any athletic activities pending further evaluation or treatment.
- ☐ **NOT** medically eligible for any athletic activities.

Comments and/or Recommendations:

I have examined the student athlete named above and completed the pre-participation physical evaluation. The student's medical history, physical examination, and medical eligibility forms will be released to the school as authorized by parent or legal guardian signature on the medical history form. The medical history form should be kept in the student's school file unless otherwise requested by parent or legal guardian. The physical examination and medical eligibility forms, with any documented pertinent medical history or information, should be made available to the school's athletic director and/or applicable coaching staff. If any condition should arise after the student has been cleared for participation, medical eligibility may be rescinded until said condition has been addressed and treated with any potential consequences explained to the student and parent or legal guardian.

Name of Health Care Professional: _____ Date: _____

Address: _____ Phone: _____

Signature of Health Care Professional: _____ (MD, DO, NP, PA)

Allergies:

Pertinent Medical Information and/or Medications:
