

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____ Grade _____

- 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?
- Do you wear a seat belt, use a helmet, and use condoms?
- Do you ever use cigarettes, chewing tobacco, snuff, or dip?
- Have you in the past 30 days?
- 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 your performance?

EXAMINATION		BP	/	Pulse	
Height	Weight				
MEDICAL				NORMAL	ABNORMAL FINDINGS
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 • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)					
Pulses (Simultaneous femoral and radial pulses)					
Lungs					
Abdomen					
Genitourinary (males only)					
Skin (HSV, lesions suggestive of MRSA, tinea corporis)					
Neurologic					
MUSCULOSKELETAL					
Neck					
Back					
Shoulder/Arm					
Elbow/Forearm					
Wrist/Fingers/Hand					
Hip/Thigh					
Knee					
Leg/Ankle					
Foot/toes					
Functional (Duck-walk, single leg hop)					

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____
- Limited Participation: _____
- Clearance withheld until: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications 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 the 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).

Name of Physician (print/type) _____ Date _____

Signature of Physician _____ Phone _____