■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name:		Da	ite of birth:	
Date of examination:	Sport(s):			
Sex assigned at birth:				
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past surgi	cal procedures.			
Medicines and supplements: List all current prescrip	otions, over-the-co	unter medicines, a	nd supplements (herbal	and nutritional).
Do you have any allergies? If yes, please list all yo	ur allergies (ie, me	edicines, pollens, fo	ood, stinging insects).	
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been be				
Feeling nervous, anxious, or on edge Not being able to stop or control worrying Little interest or pleasure in doing things Feeling down, depressed, or hopeless (A sum of ≥3 is considered positive on either	Not at all 0 0 0 0 0 subscale [question]		Over half the days 2 2 2 2 2 2 2 2 stions 3 and 4] for scree	

GENERAL QUESTION

(First Name)	(Exp	lain "Yes" answers at the end of this form. e questions if you don't know the answer.)	Yes	No
(First	1.	Do you have any concerns that you would like to discuss with your provider?		
	2.	Has a provider ever denied or restricted your participation in sports for any reason?		
	3.	Do you have any ongoing medical issues or recent illness?		
	HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
(Last Name)	4.	Have you ever passed out or nearly passed out during or after exercise?		
	5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
	6.	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?		
(I	8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10.	Have you ever had a seizure?		
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
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), Brugada syndrome, or catecholaminergic poly- morphic ventricular tachycardia (CPVT)?		
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

(Last Name)

BOI	IE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)
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 rec 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 certain types of foods or food group
MEI	DICAL QUESTIONS	Yes	No	28. Have you ever had an eating disord
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			Evaluin "Vos" answers here
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			Explain "Yes" answers here.
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
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?			
24.	Have you ever had or do you have any prob- lems with your eyes or vision?			

Yes No commended u avoid ips? der?

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete:	
Signature of parent or guardian:	
Date:	

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2023 This form has been modified for use by the GHSA

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: ___

PHYSICIAN REMINDERS

(Last Name)

Date of birth: ___

- 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?

(First Name)

- 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		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Correc	cted: 🛛 Y	ΠN
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity,		
myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat		
Pupils equal		
• Hearing		
Lymph nodes		
Heart ^a		
Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	$ \vdash$	
Lungs	╎┝┙	
Abdomen		
Skin		
 Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis 		
Neurological		
Neurological		
MUSCHLOSVELETAL	NORMAL	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	NORMAL	ABNORMAL FINDINGS
Neck Back	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm Elbow and forearm	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee Leg and ankle	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee Leg and ankle Foot and toes Functional	NORMAL	ABNORMAL FINDINGS
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee Leg and ankle Foot and toes Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee Leg and ankle Foot and toes Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test ² Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac histor		
Neck Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee Leg and ankle Foot and toes Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test • Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac historiation of those.	ory or exami	nation findings, or a combi-
Neck Back Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee Leg and ankle Foot and toes Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac histenation of those. Name of health care professional (print or type):	ory or exami	nation findings, or a combi-
Neck Back Back Shoulder and arm Elbow and forearm Wrist, hand, and fingers Hip and thigh Knee Leg and ankle Foot and toes Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac histenation of those. Name of health care professional (print or type):	pry or exami	nation findings, or a combi-

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PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name:	Date of birth:	
Medically eligible for all sports without restriction		
\square Medically eligible for all sports without restriction with recommendations for		
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 pr apparent clinical contraindications to practice and can participate in t examination findings are on record in my office and can be made ave arise after the athlete has been cleared for participation, the physiciar and the potential consequences are completely explained to the athlete	he sport(s) as outlined on this form. A cop ailable to the school at the request of the p n may rescind the medical eligibility until t	by of the physical parents. If conditions
Name of health care professional (print or type):	Date:	
Address:	Phone:	
Signature of health care professional:		, MD, DO, NP, or PA
SHARED EMERGENCY INFORMATION		
Allergies:		
Medications:		
Other information:		
Emergency contacts:		

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