This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations.

## PREPARTICIPATION PHYSICAL EVALUATION

## **HISTORY FORM**

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

Name:	Date of birth:		
Date of examination:	Sport(s):		
Sex assigned at birth (F, M, or intersex):	How do you identify your gender? (F, M, or other):		
	, , , , , , ,		

List past and current medical conditions. \_\_

Have you ever had surgery? If yes, list all past surgical procedures.

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been b	pothered by any of	the following prob	lems? (Circle response.	)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq$ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
<ol> <li>Do you have any concerns that you would like to discuss with your provider?</li> </ol>		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
<ol><li>Do you have any ongoing medical issues or recent illness?</li></ol>		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
<ol> <li>Have you ever passed out or nearly passed out during or after exercise?</li> </ol>		
<ol><li>Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</li></ol>		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
<ol><li>Has a doctor ever told you that you have any heart problems?</li></ol>		
<ol> <li>Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.</li> </ol>		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	ו	
10. Have you ever had a seizure?		
HEART 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 hear 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)?		
<ol> <li>Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?</li> </ol>		

BON	IE AND JOINT QUESTIONS	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?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MED	VICAL QUESTIONS	Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
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?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
FEMALES ONLY 29. Have you ever had a menstrual period?	Yes	No
	Yes	No
<ul><li>29. Have you ever had a menstrual period?</li><li>30. How old were you when you had your first</li></ul>	Yes	No

Explain "Yes" answers here.

 24. Have you ever had or do you have any problems with your eyes or vision?

 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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## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name: \_

**PHYSICIAN REMINDERS** 

Date of birth:

## 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 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).

EXAM	INATION								
Height	:			Weight:					
BP:	/	( )	/ )	Pulse:	Vision: R 20/	L 20/	Correc	ted: □Y	
MEDIO	CAL							NORMAL	ABNORMAL FINDING
Appea									
					palate, pectus excavatum, arac	hnodactyly, hype	rlaxity,		
				e [MVP], and aor	rtic insufficiency)				
	ears, nose	, and thr	oat						
Pup     He	pils equal								
Lymph Heart⁰									
		scultatio	n standi	ing auscultation s	supine, and ± Valsalva maneuve	arl			
Lungs		iscontanto	ii siunu	ing, doscondition s	sopine, and ± vaisarva maneove	51 ]			
Abdon	non								
Skin									
	rpes simp	lex virus	(HSV).	lesions suggestive	of methicillin-resistant Staphylc	ococcus aureus (M	RSA), or		
	ea corpori		(						
Neuro	logical								İ
MUSC	ULOSKEL	etal						NORMAL	ABNORMAL FINDING
Neck									1
Back									İ
Should	ler and ar	m							İ
Elbow	and fored	arm						İ	Ì
Wrist,	hand, and	d fingers							ĺ
Hip an	nd thigh								
Knee									
Leg an	id ankle								
Foot a	nd toes								
Functio	onal								
• Do	uble-leg s	quat test,	, single-	leg squat test, an	d box drop or step drop test				
		cardiogr	aphy (E	CG), echocardio	graphy, referral to a cardiologis	st for abnormal co	ardiac histo	ory or examin	nation findings, or a com
nation c									
		are profe	essional	(print or type): _					
Address							Pl		
Signatu	re of healt	th care p	rofessio	onal:					, MD, DO, or

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MEDICAL ELIGIBILITY FORM Name: D	Date of birth		
Medically eligible for all sports without restriction		_	
Medically eligible for all sports without restriction with recommendations for furthe	er 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 preparti	icipation physical evaluation. The athlete	does not ha	ve
examination findings are on record in my office and can be made available arise after the athlete has been cleared for participation, the physician may	ort(s) as outlined on this form. A copy of to the school at the request of the paren rescind the medical eligibility until the pr	the physical ts. If conditio	ons
examination findings are on record in my office and can be made available arise after the athlete has been cleared for participation, the physician may and the potential consequences are completely explained to the athlete (and	ort(s) as outlined on this form. A copy of to the school at the request of the paren rescind the medical eligibility until the pr parents or guardians).	the physical ts. If conditio roblem is res	ons olved
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