■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

		unger than 18) before your appointmentDate of birth:								
		Sport(s):								
Gender (For M):										
List past and current medical conditions.										
Have you ever had surgery? If yes, list all past surgical	ıl procedures	S								
Medicines and supplements: List all current prescripti	ions, over-th	e-counter medicines, and	I supplements (herbal and	d nutritional).					
Do you have any allergies? If yes, please list all your all	lergies (e.g., r	medicines, pollens, food,	stinging insects).							
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been bothe.	ered by any of	f the following problems?	(check hav next to anne	conviate nue	nhor)					
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 so	Not at a o o o o o o o o o o o o o o o o	Several days 1 1 1 1 1 1	Over half the days No.	early every (3 3 3 3 3 3	day					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2, 0, 4, 0, 4, 0, 1		- B bar besses						
GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes No	(CONTINUED)	STIONS ABOUT YOU	Yes	No					
Do you have any concerns that you would like to discuss with your medical provider?			s during exercise?							
Has a medical provider ever denied or restricted your participation in sports for any reason?		10. Have you ever ha								
3. Do you have any ongoing medical issues or recent illness?		11. Has any family me	ember or relative died of he	eart	No					
4. Have you ever passed out or nearly passed out during or after exercise?	'es No	sudden death be	d an unexpected or unexplai efore age 35 years (including explained car crash)?	11 1						
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		problem such as	our family have a genetic he s hypertrophic cardiomyopa syndrome, arrhythmogenic i	ithy						
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		ventricular cardi syndrome (LQTS	iomyopathy (ARVC), long QT s), short QT syndrome (SQTS me, or catecholaminergic po	T S),						
heart problems? 8. Has a doctor ever requested a test for your	44		ular tachycardia (CPVT)?	<u> </u>						
heart? For example, electrocardiography (ECG) or echocardiography.			ur family had a pacemaker or fibrillator before age 35?							

BONE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	No
14. Have you ever had a stress fracture or an injury			25. Do you worry about your weight?		П
to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	Ш		26. Are you trying to or has anyone recommended 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 avoid certain types of foods or food groups?		
MEDICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY 29. Have you ever had a menstrual period?	Yes	No
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			30. How old were you when you had your first menstrual period?	<u> </u>	
18. Do you have groin or testicle pain or a painful			31. When was your most recent menstrual period?		
bulge or hernia in the groin area? 19. Do you have any recurring skin rashes or	믐		32. How many periods have you had in the past 12 months?		
rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			Explain "Yes" answers here.		
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 problems with your eyes or vision?					
I hereby state that, to the best of my kno and correct. Signature of athlete:	wledg	ge, m	answers to the questions on this form are co	mple	te
Signature of parent or guardian:					
Date:					

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■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name:	Date of birth:

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 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 in the car and use a helmet on a bike, scooter, or motorcycle?
- 2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EVAN			0 1			,						
EXAMINATION												
Height	:				Weight:					_		_
BP:	/	(/)	Pulse:	Vision: R 20/	L 20/	Correct	ted:	Ш	ΥL	N
MEDI	CAL								NC	RM	AL	ABNORMAL FINDINGS
Appea • Ma		gmata	(kyphc	scolio	osis, high-arched	d palate, pectus excavatum, ara	chnodactyly, hyperla	axity,	[]	
my	opia, m	itral v	alve pro	olapse	[MVP], and ao	ortic insufficiency)			L		J	
Eyes, e	ears, nos	e, and	d throa	t								
• Pu	pils equa	ıl										
 He 	aring								L		J	
Lymph	nodes											
Heart	1								Г			
• Mu	ırmurs (a	auscul	tation s	tandir	ng, auscultation	supine, and ± Valsalva maneuve	:r)					
Lungs												
Abdon	nen											
Skin												
• He	rpes sim	plex vi	rus (HS	V), les	ions suggestive	of methicillin-resistant Staphyloc	occus aureus (MRSA)), or				
tine	ea corpo	ris									_	
Neuro	_											
MUSC	CULOSKE	LETA	L						NC	RM	AL	ABNORMAL FINDINGS
Neck												
Back												
Should	der and a	arm										
Elbow	and for	earm										
Wrist,	hand, a	nd fin	gers									
Hip an	d thigh											
Knee												
Leg an	d ankle											
Foot a	nd toes											
Functio	onal								Г		1	
• Do	uble-leg	squat	test, si	ngle-le	eg squat test, ar	nd box drop or step drop test						
^a Consid	er electi	ocard	liograpl	hy (EC	G), echocardio	graphy, referral to a cardiologist	t for abnormal cardi	iac histor	y or e	exan	nina	tion findings, or a combi-
	of those.				•							-
Name o	f health	care p	rofessi	onal (p	print or type):					D	ate:	
Address												

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■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM		
Name: Date of birth:		
Medically eligible for all sports without restriction		
Medically eligible for all sports without restriction with recommendations for further evaluation or t	reatment 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 preparticipation physic apparent clinical contraindications to practice and can participate in the sport(s) as outlined examination findings is on record in my office and can be made available to the school at the arise after the athlete has been cleared for participation, I may rescind the medical eligibility potential consequences are completely explained to the athlete (and parents or guardians).	on this form. A copy e request of the parer y until the problem is	of the physical its. 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:		
Madisahisas.		
Medications:		
Other information:		
Emergency contacts:		

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