Signature of Athlete_

Preparticipation Physical Evaluation

Name Sex Age Date of birth Grade School Sport(s) Address	Date of Exar	n											
Address	Name						_Sex	<	Ας	je	Date of birth		
Personal Physician In case of emergency, contact: Name	Grade	School					 Sp	ort(s)_					
In case of emergency, contact: Name Relationship Phone (H) Phone (W) Explain "Yes" answers below. Yes No Xes No Explain "Yes" answers below. Yes No Xes No I. Has a doctor ever denied or restricted your participation in sports for any reason? 25. Is there anyone in your family who has asthmm? Image: Second Se	Address						 				Phone		
Name Relationship Phone (H) Phone(W) Excluse Second Secon	Personal Phy	ysician					 						
Explain "Yes" answers below. Explain "Yes" answers below. Explain "Yes" answers below. I. Has a doctor ever denied or restricted your participation in sports for any reason? 2. Do you kave an onging medical condition (ike diabetes or asthma)? 2. Do you wave an onging medical condition (ike diabetes or asthma)? 2. Do you kave an onging medical condition (ike diabetes or asthma)? 2. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? 3. Have you ever pased out or nearly passed out DURING exercise? 5. Have you ever pased out or nearly passed out DURING exercise? 6. Have you ever pased out or nearly passed out for nearly passed out or n	In case of e	mergency,	conta	ct:									
Circle questions you don't know the answers to. Yes No 1. Has a doctor ever denied or restricted your participation in sports for any reason? 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? 1 2. Do you have an ongoing medical condition (like diabetes or asthma)? 26. Is there anyone in your family who has asthma? 1 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? 2 1. Have you bear used an inhaler or taken asthma medicine? 2 2. Do you have allergies to medicines, pollens, foods, or stinging insects? 2 3. Do you have allergies to medicines, pollens, foods, or stinging insects? 2 3. Have you wear passed out or nearly passed out DURING exercise? 29. Do you have any rashes, pressure sores, or other skin problems? 3. Have you ever had a herpes skin infection? 2 3. Have you ever had discomfort, pain, or pressure in your cheat during exercise? 3. Have you ever had a seizure? 3 3. Have you ever had a seizure? 3 3. Have you ever rade de ast for your heart? (ror example: ECC, echocardiogram) 2 3. Have you ever had seizure? 3 3. Have you ever had seizure? 3 3. Have you ever rade de ast for your heart? (ror example: ECC, echocardingram) 3. Have you ever had aniting? 3 3 3 3 3 3 Have you ev	Name			F	Relations	hip	 	Pho	one (H)_		Phone(W)		
1. Has a doctor ever denied or restricted your participation in sports for any reason? 24. Do you cough, wheeze, or have difficulty breathing during or after earyone in your family who has asthma? 2. Do you courrently taking any prescription or nonprescription (weer-the-counter) medicines or pills? 26. Have you ever used an inhaler or taken asthma medicine? 3. Are you currently taking any prescription or nonprescription (weer-the-counter) medicines or pills? 27. Were you born without or are you missing a kidney, an eye, a testice, or any other organ? 2. Do you lave any raskes, pressure sores, or other skin problems? 3. Have you ever passed out or nearly passed out an early passed out an early passed out an early passed out and the appension in the the ad a herpes skin infection? 3. Have you ever had discomfort, pain, or pressure in your cheat during exercise? 3. Have you ever had a been confused or load track or apparent reason? 3. Have you ever rade de tab tor your haar? (for example: ECC, echocardiogram) 3. Have you ever had seizure? 3. Have you ever rade a est for your hear? 3. Have you ever had seizure? 3. Has a doctor ever orded a test for your hear? 3. Have you ever had seizure? 3. Has a doctor ever orded a test for your hear? 3. Have you ever had seizure? 3. Has a doctor ever orded a test for your hear? 3. Have you ever had seizure? 3. Has you ever had seizure? 3. Have you ever mad you have head aches with exercise? 1. Has a your memory or orela					answers	s to.							
Back Back Shin Toes 49. How many periods have you had in the last 12 months? 20. Have you ever had a stress fracture? Explain "Yes" answers here: Explain "Yes" answers here: 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Image: Comparison of the last 12 months? 22. Do you regularly use a brace or assistive device? Image: Comparison of the last you have asthma or allergies? Image: Comparison of the last here:	 Has a doc in sports f Do you ha (like diabe Are you c nonpresci Do you ha stinging ir Have you DURING Have you AFTER ef Have you your chess Does you Has a doc (check all High b High c Has a doc (for exam Has a nyo Does any Has a doc (for exam Has a doc (for exam Has a doc (for exam Has a nyo Does any Have you (for exam Have you (for exam Have you (for exam Have you Arey you Have you Mar, CT, therapy, a Head Neck Upper Lower Back Do you re Has a doc 	tor ever denie for any reason ave an ongoin etes or asthma urrently taking ription (over-th ave allergies to nsects? ever passed exercise? ever passed exercise? ever had disc tr heart race of that apply): lood pressure holesterol ctor ever told y that apply): lood pressure holesterol ctor ever orden ple: ECG, eci ne in your fa amily member one in your fa ever had an i tear, or tendini r game? If ye had any brok d joints? If ye had any brok d joints? If ye had a bone o surgery, injec a brace, a casi Shoulder Hip ever had a st been told tha or atlantoaxial gularly use a ctor ever told y	ed or res ? g medic: a)? g any pre- be-count o medici out or ne comfort, ise? r skip be you that red a tes hocardic nily died mily hav r or relat death be mily hav r or relat death be pro f no f	al condi escriptio er) med ines, po early pa early pa pain, or eats duri you hav mass duri you hav mass duri you hav mass duri you hav mass duri you hav for no a eats duri for no a eats duri you hav for no a eats duri for no a eats duri you hav for no a eats duri you hav for no a eats duri you hav for no a eats duri for no a eats duri for no a eats duri you hav for no a eats duri for no a eats duri for no a eats duri for no a eats duri a for no a eats duri for no a eats duri for no a eats duri a for no a eats duri for no a eats stati for eats stati for eats stati	your partici tion n or icines or p llens, foods ssed out ssed out pressure i ng exercise eart murmu eart infection ur heart? pparent re rt problem of heart e 50? n syndrom pital? ain, muscle you to mis d area belo cones or t required o ion, physic If yes, circl Forearm Calif/ Shin ave you have ty?	pation ills? s, or n e? ur on ason? ? e or ss a ow: e below: Hand/ Fingers Ankle d		d 25. Is 26. H 27. V 28. H 29. D 30. H 31. H 32. H 33. H 33. H 34. D 33. H 35. H 36. H 83. H 36. H 83. H 37. M 40. D 20. A 41. A 42. A 43. A 44. O 45. D 0 d 47. H 48. H 49. H	uring or all there any lave you e vere you b n eye, a te lave you h ithin the la to you have you ave you h lave you b r lost your lave you e lave you b r lost your lave you e o you have ave you e lave you we face shie re you have re you have re you have re you have face shie re you have so you we face shie re you have lave you have so you we face shie re you have so you have so you have so you have have you e lave you e lave you e lave you e lave you have so you e lave you e lave you e	ter exerci yone in yo over used oorn witho esticle, or ad infection ast monthi- re any ras ms? and a herp over had a ever had a ver had a ver had a re headac over had a sor legs a over been eing hit or cising in the mps or be or told you sickle cell ad any pr ar glasses ar protection d? ppy with y ing to gain e recommentation abits? t or carefut re any cor h a doctor LY ever had a ar you who periods ha	ise? bur family who has asthma? an inhaler or taken asthma medicion but or are you missing a kidney, any other organ? ious mononucleosis (mono) any other organ? ious mononucleosis (mono) shes, pressure sores, or other bes skin infection? a head injury or concussion? a head injury or concussion? a head and been confused a seizure? the head and been confused? a seizure? the head in or falling? unable to move your arms or a falling? the heat, do you have severe accome ill? u that you or someone in your I trait or sickle cell disease? roblems with your eyes or vision? s or contact lenses? ive eyewear, such as goggles or your weight? n or lose weight? nended you change your weight ully control what you eat? ncerns that you would like to r? a menstrual period? hen you had your first menstrual privace you had in the last 12 months	ne?	

Signature of Parent/Guardian

Date

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Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name			Date of Birth						
Height	Weight	% Body Fat (optional)	PulseBP_	/ (/,/)					
Vision R 20/	L 20/	Corrected: Y N	Pupils: Equal	Unequal					

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
	1		•
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only. +Having a third party present is recommended for the genitourinary examination.

Notes: ___

Name of physician (print/type)	Date			
Address	Phone			
Signature of physician	, MD or DO			

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repa	articipation Physical Evaluatio	n			CLEARANCE FOR
Nam	ne	Sex	Age	Date of birth	
	Cleared without restriction Cleared, with recommendations for fu	irther evaluation or tre	eatment for:		
Reco	Not Cleared for □ All sports □ C				
	RGENCY INFORMATION				
	gies				
Nam	ne of physician (print/type)				Date
Addr	ress			Phone_	
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ера	articipation Physical Evaluatio	n			CLEARANCE FOR
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EME	RGENCY INFORMATION				
Aller	gies				
Othe	er Information				
Nam	ne of physician (print/type)			I	Date
Addr	ress			Phone _	
Sign	ature of physician				, MD or DC

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