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? 25. Is there anyone in your family who has asthmm? 26. Is there anyone in your family who has asthmm? 27. Were you born without or aken asthma medicine? 27. Were you born without or aken asthma medicine? 27. Were you born without or aken asthma medicine? 28. Is have you ever used an inhaler or taken asthma medicine? 28. Have you used a nihaler or taken asthma medicine? 28. Have you used a nihaler or taken asthma medicine? 28. Have you used a nihaler or taken asthma medicine? 28. Have you user passare dut or nearly passed out 29. D you have any reshes, pressure sores, or other sin problems? 3. Have you ever passed out or nearly pa	Address						 				Phone		
Name Relationship Phone (H) Phone(W) Excluse median File Median Median Median Excluse gestions you don't know the answers to. Yes No 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? Image: Second Seco	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 kave 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. Are you currently taking any prescription or singing insects? 2. Do you have altergies to medicines, pollens, foods, or stinging insects? 3. Have you ever pased out or nearly passed out or nearly passe	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 2. 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. Have you wear passed out or nearly passed out DURING exercise? 29. Do you have any rashes, pressure sores, or other skin problems? 2 3. Have you ever passed out or nearly passed out DURING exercise? 11. Have you ever had a herpes skin infection? 2 4. Have you ever had discomfort, pain, or pressure in your cheat during exercise? 33. Have you ever had a seizure? 3 3. Have you ever had as beat during exercise? 34. Have you ever had a seizure? 3 4. Has a doctor ever told you that you have (check all that apply): (check all that apply): (check all that apply): (dro example: ECC, echecardiogram) 3 Have you ever had seizure? 3 3. Have you ever rhad unimpheses, tingling, or weakness? 3 Have you ever had a neadity or someone in your family has sickle c	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? 2. Do you have allergies to medicines, pollens, foods, or stinging insects? 27. Were you born without or are you missing a kidney, an eye, a testice, or any other organ? 3. Have you ever 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 discomfort, pain, or pressure in your cheat during exercise? 30. Have you ever had a brege skin infection? 7. Have you ever roted a test for your haar? (check all that apply): A heart infection 14. Has a doctor ever orded a test for your hear? 30. Have you ever had seizure? 3. Have you ever had discomfort, pain, or pressure in your family member or relative died of neart infection 31. Have you ever had a seizure? 3. Have you ever ordered a test for your hear? 31. Have you ever had seizure? 3. Have you ever ordered a test for your hear? 31. Have you ever mad weekses: fingling, or weakness in your arms or legs after being hit or falling? 10. Has a doctor ever ordered a test for your hear? 31. Have you ever mad your momony consolence? 3. Have you ever rodered a test for your hear? <td></td> <td></td> <td></td> <td></td> <td>answers</td> <td>s to.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>					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 relat death be death be pro relat death be death be death be pro relat death be death be dea	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 for no a fo	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 n lave you e lave you we face shie re you have re you have re you have n lave you have so you we face shie re you have so you limit to you limit to you lave lave you e lave you e	Ter exerci yone in yo over used oorn withous esticle, or had infection ast monthi- re any ras ms? had a herp over had a ver had a sor legs a ver been eing hit or cising in the mps or be or told you sickle cell had 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 are you who periods had	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

©2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

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			
			•
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		

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

epa	articipation Physical Evalu	uation			CLEARANCE FOR
Van	ne	Sex	Age	Date of birth	
	Cleared without restriction for or 7,000 to 9,000 feet elevation, off				
	Cleared, with recommendations	for further evaluation or tre	eatment for:		
	Not Cleared for All sports	—			
<ec< td=""><td>ommendations:</td><td></td><td></td><td></td><td></td></ec<>	ommendations:				
EME	ERGENCY INFORMATION				
lle	rgies				
Dthe	er Information				
lan	ne of physician (print/type)				Date
١dd	ress			Phone	
2004 A pathic	nature of physician	diatrics, American College of Sports Medicine, Ame	rican Medical Society for Spo	rts Medicine, American Orthopaedic	Society for Sports Medicine, and American
2004 A pathic	merican Academy of Family Physicians, American Academy of Pe Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame	rican Medical Society for Spo	rts Medicine, American Orthopaedic	Society for Sports Medicine, and American
2004 A pathic ep a	merican Academy of Family Physicians, American Academy of Per Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame	rican Medical Society for Spo	rts Medicine, American Orthopaedic	CLEARANCE FOF
epa	merican Academy of Family Physicians, American Academy of Per Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame Jation Sex ne month of daily hiking bo	rican Medical Society for Spo Age th up and down	ts Medicine, American Orthopaedic Date of birth	CLEARANCE FOF
2004 A pathic ep a	merican Academy of Family Physicians, American Academy of Per Academy of Sports Medicine. articipation Physical Evalu ne Cleared without restriction for or	diatrics, American College of Sports Medicine, Ame Lation Sex ne month of daily hiking bo f trail, in temperatures up to	Age th up and down	ts Medicine, American Orthopaedic Date of birth hills with slopes c -, carrying a <35-I	CLEARANCE FOR of 25 to 40 degrees, at b backpack.
epathic	Academy of Family Physicians, American Academy of Per Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame	Age hup and down 100 degrees l	The Medicine, American Orthopaedic Date of birth hills with slopes of , carrying a <35-I Reason	CLEARANCE FOR
epa	Academy of Family Physicians, American Academy of Per Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame	Age hup and down 100 degrees l	The Medicine, American Orthopaedic Date of birth hills with slopes of , carrying a <35-I Reason	CLEARANCE FOR of 25 to 40 degrees, at b backpack.
epa Nam	Academy of Family Physicians, American Academy of Per Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame	ircan Medical Society for Spo Age th up and down o 100 degrees I eatment for:	ts Medicine, American Orthopaedic Date of birth hills with slopes c F, carrying a <35-I Reason	CLEARANCE FOF
<pre>>pathic >pathic ></pre>	articipation Physicians, American Academy of Per Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame	Age th up and down o 100 degrees l eatment for:	ts Medicine, American Orthopaedic Date of birth hills with slopes c -, carrying a <35-l Reason	CLEARANCE FOF
ood A aathic >p: lam	articipation Physicians, American Academy of Per Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame	Age th up and down o 100 degrees I eatment for:	ts Medicine, American Orthopaedic Date of birth hills with slopes c -, carrying a <35-I Reason	CLEARANCE FOF
epa Nam	Academy of Family Physicians, American Academy of Per Academy of Sports Medicine.	diatrics, American College of Sports Medicine, Ame	Age th up and down o 100 degrees l eatment for:	Date of birth hills with slopes of , carrying a <35-l	CLEARANCE FOR

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.