



**Preparticipation Physical Evaluation Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sport(s) \_\_\_\_\_

*Note: Preparticipation Health History Form MUST be filled out for review by physician at time of exam.*

EXAMINATION		
Height _____ ft _____ in	Weight _____ lbs	Male _____ Female _____
BP _____ / _____	Pulse _____	Vision right 20/ _____ left 20/ _____ Corrected Y N (circle one)
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance •Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly; arm span > height, hyperlaxity, myopia; MVP, aortic insufficiency)		
Eyes/ ears/ nose / throat •Pupils equal •Hearing		
Lymph Nodes		
Heart ** •Murmurs (auscultation standing, supine, +/- Valsava) •Location of point of maximal impulse (PMI)		
Pulses •Simultaneous femoral and radial pulse:		
Lungs		
Abdomen		
Genitourinary (males only)***		
Skin •HSV, lesions suggestive of MRSA, tinea corpori		
Neurologic****		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ arm		
Elbow/ forearm		
Wrist/ hand/ fingers		
Hip/ thigh		
Knee		
Leg/ ankle		
Foot/ toes		
Functional •Duck-walk, single leg hop		

\* Has the athlete been tested for Sickle Cell Trait/Disease? Y/N If Yes, what were the findings? \_\_\_\_\_

\*\* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

\*\*\* Consider GU exam if in private setting. Having third party present is recommended.

\*\*\*\* Consider cognitive evaluation or baseline neuropsychiatric testing for a history of significant concussion

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment \_\_\_\_\_

Not cleared  
 \_\_\_\_\_ Pending further evaluation \_\_\_\_\_ For any sports \_\_\_\_\_ For certain sports \_\_\_\_\_

Reasons/ Recommendations \_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_ MD or DO ONLY