RAL QUESTIONS "Yes" answers at the end of this form. uestions if you don't know the answer.)	Yes	No
you have any concerns that you would like to cuss with your provider?)	
as a provider ever denied or restricted your rticipation in sports for any reason?		
you have any ongoing medical issues or cent illness?		
HEALTH QUESTIONS ABOUT YOU	Yes	No
ave you ever passed out or nearly passed out ring or after exercise?		
ave you ever had discomfort, pa7?FB Tw sc8t	60	
	a "Yes" answers at the end of this form. uestions if you don't know the answer.) you have any concerns that you would like to couse with your provider? as a provider ever denied or restricted your rticipation in sports for any reason? you have any ongoing medical issues or cent illness? HEALTH QUESTIONS ABOUT YOU ave you ever passed out or nearly passed out ring or after exercise?	n "Yes" answers at the end of this form. uestions if you don't know the answer.) you have any concerns that you would like to cuss with your provider? us a provider ever denied or restricted your ricipation in sports for any reason? you have any ongoing medical issues or cent illness? HEALTH QUESTIONS ABOUT YOU Yes we you ever passed out or nearly passed out

BON	NE 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?		
MEI	DICAL QUESTIONS	Yes	No
16.	Do you cough, wheeze, or have dif culty 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 Staphylococcus aureus (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?		

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL FXAMINATION FORM

PH SICIAN 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, use a helmet, and use condoms?
- 2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corr	ected: Y	N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxi myopia, mitral valve prolapse [MVP], and aortic insuf ciency)	ty,	
Eyes, ears, nose, and throatPupils equalHearing		
Lymph nodes		
Heart Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistamphylococcus aureus (MRSA), tinea corporis	o.	
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and ngers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional •		

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 re-	ecommendations for further evaluation or treatment of	
Medically eligible for certain sports		
Not medically eligible pending further evaluation		
Not medically eligible for any sports Recommendations:		
apparent clinical contraindications to practice and ca examination ndings are on record in my of ce and ca	and completed the preparticipation physical evaluation. The athlete does not hat an participate in the sport(s) as outlined on this form. A copy of the physical can be made available to the school at the request of the parents. If conditions ation, the physician may rescind the medical eligibility until the problem is resolatined to the athlete (and parents or guardians).	S
Name of health care professional (print or type):	Date:	
Address:	Phone:	
Signature of health care professiona <u>l:</u>	, MD, DO, NP, or PA	