

Preparticipation Physical
HISTORY FORM

Note: Complete and sign this form (with you parents if younger than 18) before your appointment.

Name: _____ Date of Birth _____

List part and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over the counter medicines, and supplements (herbal and nutritional). _____

GENERAL QUESTIONS	YES	NO
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or illness?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
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 heart problems?		
8. Has a doctor ever requested a test for your heart? For example, ECG or echocardiography?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
11. Has any family member or relative died of heart problems or had an unexpected sudden death before the age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertropic cardiomyopathy (HCM) Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS) Brugada syndrome, or catecholaminergic ploy-morphic ventricuylar tachycardia (CPVT)?		

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY (cont.)	YES	NO
13. Has anyone in your family had a pacemaker or an implant defibrillator before age 35?		
BONE 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?		
MEDICAL QUESTIONS	YES	NO
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle, (males) your spleen, or any organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have 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, tingling, weakness in your arms or legs, or been unable to move your arms and legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or 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?		
FEMALES ONLY	YES	NO
25. Have you ever had a menstrual period?		
26. How old were you when you had your first menstrual period?		
27. When was your most recent menstrual period?		
28. How many periods have you had in the past 12 months?		

Explain answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ DOB _____ Grade _____

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / (/)	Vision R20/ L20/	Corrected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			
Lymphoid			
Heart			
. Murmurs (auscultation standing, supine, +/- Valsalva)			
. Location of point of maximal impulse (PMI)			
Pulses			
. Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
. MSV, lesions suggestive of MRSA, tinea corporis			
Neurologic			
MUSCULOSKELETAL			
Normal		Abnormal Findings	
Neck		Knee	
Back		Leg/ankle	
Shoulder/arm		Foot/toes	
Elbow/ forearm		Functional	
wrist/hand/fingers		duck walk/	
Hip/thigh		single leg-hop	

Cleared for all sports without restriction Cleared for all sports without restriction for further evaluation for _____

Not cleared Pending further evaluation For any sports

Reason _____

Recommendations _____

(over)

I have examined your above-named student and completes the participation physical evaluation. The athlete does not present clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____

Signature of Health Care Professional; _____, MD, DO, PA, or NP (circle one)

This form is adapted from the following:

©2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgement.