# Preparticipation Physical Evaluation - History Form 

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

Name: $\qquad$ Date of Birth: Sex: $\qquad$
Date of Examination: $\qquad$ Sport(s): $\qquad$

List past 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):
Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects):


## 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

## Preparticipation Physical Evaluation - Physical Form



Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

## Preparticipation Physical Evaluation

Medically eligible for all sports without restriction.
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: $\qquad$
Medically eligible for certain sports:
Not medically eligible pending further evaluation.
Not medically eligible for any sports.
Recommendations:
I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): $\qquad$ Date: $\qquad$
Address: $\qquad$ Phone: $\qquad$
Signature of health care professional: MD, DO, NP, or PA

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