PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Medicines and Allergiese Please fat all of the prescription and over-the-counter medicines and suppriments (harbot and nutritional) that you are currently taking medicines and suppriments (harbot and nutritional) that you are currently taking medicines and suppriments (harbot and nutritional) that you are currently taking medicines and suppriments (harbot and nutritional) that you are currently taking medicines and suppriments (harbot and nutritional) that you are currently taking medicines and suppriments (harbot and nutritional) that you are currently taking medicine and suppriments (harbot and nutritional). The suppriments (harbot and nutritional) that you are currently taking medical conditions? If any, please benefit you have conditional or maintained conditions? If any, please benefit you have conditional and suppriments (harbot and suppriments) and suppriments (harbot and suppri	Date of Exam					
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and aupplements (norted and nutritional) that you are currently taking process and aupplements (norted and nutritional) that you are currently taking process and aupplements (norted and nutritional) that you are currently taking process and aupplements (norted and nutritional) that you are currently taking process. Do you have any allergies? Yes Policies Polici				Date of birth		
Do you have any allergics? Yes No if yee, please identify specific allergy below. Do you have any allergics? Yes Polaris	Sex Age Grade School			Sport(s)		
Explain "Nes" answers below. Circle questions you don't know the answers to present the second of th	Medicines and Allergies: Please list all of the prescription and over	-the-co	unter me	edicines and supplements (herbal and nutritional) that you are currently	taking	
### SPACE ACCURSTONS 1. Has a declare over denied or estricted your participation in sports for any reason? 2. Do you have any ongoing medical condition? if you please (lentify) below? Anhard Anenha Diabetes Inductions Diabetes Diabetes Inductions Diabetes Di	☐ Medicines ☐ Pollens					
1. Has a chotor over denied or restricted your participation in sports for any reason? 2. Do you have any onpoing medical conditions? 8 op. please identify below? Animal Anomia Diebetes Indections Diebetes Diebetes Indections Diebetes	`	Professional St	and the second of	MEDICAL DIFFERANCE	STARTE	E CONTRACTOR
below: Asthma Anema Diabetes Infections other St. Have you ever pream the sight in the hospita? St. Have you ever that surport the sight in the hospita? St. Have you ever that surport the sight in the hospita? St. Many you ever passed out or ready passed out DIRING or AFTER exercising. A surport passed out DIRING or AFTER exercising. A surport passed out DIRING or AFTER exercising and the surport passed out or ready passed out DIRING or AFTER exercising. A surport passed out or ready passed out DIRING or AFTER exercising or the disconduct, pain, tightness, or pressure size, or sold passed out DIRING or AFTER exercising or the disconduct, pain, tightness, or pressure size, or sold passed out DIRING or AFTER exercising or the disconduct, pain, tightness, or pressure size, or sold passed out DIRING or AFTER exercising. The surport passed out DIRING or AFTER exercising or the surport passed out or ready passed out DIRING or AFTER exercising or the surport passed out or ready passed out DIRING or AFTER exercising or the surport passed out or ready passed out DIRING or AFTER exercising or the surport passed out or ready passed out DIRING or AFTER exercising or the surport passed out of passed out DIRING or AFTER exercising or the surport passed out of passed out of the surport passed out of passed out of passed the surport of passed out of passed out of passed out of passed the surport of passed out	Has a doctor ever denied or restricted your participation in sports for	res	NO	26. Do you cough, wheeze, or have difficulty breathing during or		ָּיָהָ טָּעָתְיַהָּיִּ
3. Have you ever beat the night in the hospital? Have you ever had surgery?	below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections			28. Is there anyone in your family who has asthma?		
5. Have you ever peased out or nearly passed or UDINRO or APTER exercise APTER exercise Passed out or nearly passed or UDINRO or APTER exercise Passed out or nearly passed or UDINRO or APTER exercise APTER exercise Passed disconfinity, pain, lightness, or pressure in your chest during exercise? 6. Have you ever had disconfinity, pain, lightness, or pressure in your chest during exercise? 7. Does your heart ever race or skip beats (pregular beats) during exercise? 9. Hiss a dottor ever told you that you have any heart problems? If so, chest all that apply: 9. High tholesterol A heart murmur.	Have you ever spent the night in the hospital?					
6. Hisry you ever passed out or rearly passed out DURING or AFTER exercise? 7. Does your heart disconfort, pain, flightness, or pressure in your cheek during exercise? 7. Does your heart ever race or skip beats (irregular beate) during exercise? 8. Hisra sector ever tod you that you have any heart problems? If so, cheek all that appy: 9 High blood pressure A heart Infection 9 High plots of the passed of the rime of short of breath than expected during exercise? 10 Do you get infected or feet more short of breath than expected during exercise? 12 Do you get more tired or short of breath more quickly than your friends during exercise? 13 Hisray going exercise? 14 Hisray you had an inseptiated of selection of the passed problems or had an inseptiated or insepti	I	000000	assession (Fig. 1975) Section 1.5 Section 1.5			
AFFER exercise? 1. New you were that discomfort, pain, tightness, or pressure in your chest during exercise? 2. Does your heart ever race or skip beats (irregular beats) during exercise? 2. The control of the term of your that you have any heart problems? If so, check all that apply: 2. Hear a doctor ever tridly out hat you have any heart problems? If so, check all that apply: 2. Hear a doctor ever ordered a test for your heart? For example, ECG/FKG, exchanged beatsche, or memory problems? 3. Have you ever that discumber, and the heart murrur. 2. Hear a doctor ever ordered a test for your heart? For example, ECG/FKG, exchanged beatsche, or memory problems? 3. Have you ever the discumber of the more short of breath than expected during exercise? 3. Have you ever the discumber of relember short of breath more quickly than your friends during exercise? 4. De you get implicated active of ever ordered assure? 4. De you get more tied or abort of breath more quickly than your friends during exercise? 4. De you get more tied or abort of breath more quickly than your friends during exercise? 4. De you get more tied or abort of breath more quickly than your friends during exercise? 4. De you get more tied or abort of breath more quickly than your friends during exercise? 4. De you get more tied or abort of breath more quickly than your friends during exercise? 4. De you get more tied or abort of breath more quickly than your friends during exercise? 4. De you get more tied or abort of breath more quickly than your friends during exercise? 4. De you get more tied or abort of breath more quickly than your friends during exercise? 4. De you do you were had an exercise in that or disease? 4. De you were problems with your eyes or vision? 4. Have you had any yee inquiree? 4. De you were yeeling three yeeling thr		res	NO.			
othest during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 8. Ites a dector ever tidy you that you have any heart probleme? If so, check all that apply: 1 High blood presure 1 High cholesterol 2 A heart murmur 2 High cholesterol 3 A heart infection 3 Has a ductor ever ordered a test for your heart? (For example, EGU/EKG, enchecardiagram) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath than expected during exercise? 13. Has any family member or relative died of heart problems or had an unexpected or unexplained seizure? 14. Hove you ever bear of unexplained seizure? 15. How you ever had an unexplained seizure? 16. Does anyone in unexplained carb before age 50 (including decreise?) 17. Have you ever had explained seizure? 18. Has anyon unexplained seizure? 19. Does anyone in unexplained seizure (relative died of heart problems or had an unexpected or relative died of heart problems or had an unexpected or relative died of heart problems or had an unexpected or unexplained seizure? 19. How you ever had an unexplained seizure? 19. Does anyone in charge seizure? 19. Does anyone in charge seizure (relative seizure) 19. Have you ever had an unexplained seizure? 19. Have you ever had an unexplained seizure? 19. Have you ever had an injury but unexplained seizure? 19. Have you ever had an injury but anyour family had unexplained seizure? 19. Have you ever had an injury but anyour family had unexplained seizure? 19. Have you ever had an injury but anyour family had unexplained seizure? 19. Have you ever had an injury that required x-rays, Mill, CT scan, injections, floreny, a brace, a cast, or cruthers? 20. You have any benefit or that your had you can be an over a series. 21. Have you ever had a finity but the problems you? 22. Have						
7. Does your heart ever race or skip beats (irregular beats) during exercise? 8. Has a doctor ever too' you that you have any heart problems? if so, check all that apply: High chlockstrid A heart murmur High chlockstrid A heart murmur High chlockstrid A heart function Rawsaski disease Other: A kawsaski disease Other: A kawsaski disease Other: A heart function A heart function A heart function A wassaki disease Other: A heart function A heart function A wassaki disease Other: A heart function A heart function A wassaki disease Other: A heart function A heart function A wassaki disease Other: A wassaki disease Other: A heart function A heart function A wassaki disease Other: A				34. Have you ever had a head injury or concussion?		
8. Riss a doctor ever tod you that you have any heart problems? If so, check all that apply. High blood pressure A heart murmur High cholesterol A heart fluetion A heart flu						
High toblesterol A heart infection	8. Has a doctor ever told you that you have any heart problems? If so,	<u> </u>		The state of the s		
High cholesterol	1					
achocardiogram) 10. Do you get lightheeaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? 13. Have you ever had an unexplained seizure? 14. Do you get more tired or short of breath more quickly than your friends during exercise? 15. Heaving Mark Auft Augustionus About Yulus Familia: 16. Do you want more tired or short of breath more quickly than your friends during exercise? 16. Do you wantly member or relative died of heart problems or had an unexplained car accident, or sudden liftant death syndrome? 16. Do you wantly marked car accident, or sudden liftant death syndrome? 16. Does anypoen in your family have upon a face shield? 17. Does anypoen in your family have heart problem, pacemaker, or implanted defibrillator? 18. Have you have any box of an injury to a tone, muscle, ligament, or tendon frat caused you to miss a practice or a game? 18. Have you ever had an injury to a tone, muscle, ligament, or tendon frat caused you to mise a practice or a game? 18. Have you ever had an injury to a tone, muscle, ligament, or tendon frat caused you to mise a practice or a game? 18. Have you ever had an injury to a tone, muscle, ligament, or tendon frat caused you to mise a practice or a game? 19. Have you ever had an injury that cothers? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cruther? 21. Have you ever had an injury that pothers you? 22. Do you regularly use a brace, crithotts, or other assistive device? 23. Do you have any history of juvenile arthrits or connective tissue disease? 24. No wanty periods have you had in the last 12 months? 25. Do you regularly use a brace, crithotts, or other assistive device? 26. How many periods have you had in the last 12 months? 27. Do you regularly use a brace, crithotts, or other assistive device? 28. How many periods have you had an x-ra	☐ High cholesterol ☐ A heart infection	<u> </u>				
during exercise? 11. New you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? 13. Has any family marber or relative died of heart problems or had an unexplained sudden death betrer age \$0 (including downing, unexplained car accident, or sudden liftant death syndrome) and syndrome, arrhythmogenic right ventricular cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted death betrer age \$10 (including downing) in your family have a heart problem, pacemaker, or implanted defibilitiator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted defibilitiator? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a brace, or loint injury that bothers you? 21. Have you ever had a brace, or loint lijury that bothers you? 22. Do you regularly use a brace, or loint lijury that bothers you? 23. Do you have any history of juvenile arthrills or connective tissue disease? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any flistop of juvenile arthrills or connective tissue disease?			:	or falling?		
11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? #EART-REATH QUESTIONS ABOUT YOUR FAMILY 13. Has any family member or relative died of heart problems or had an unexpetated or unexplained siden death theorie age 50 (including drownling, unexplained car accident, or sudden infant death syndrome; arrhythmogenic fight ventricular cardiomyopathy, Marfan syndrome, arrhythmogenic fight ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycradia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 17. Have you ever had an enterstrual period? 17. Have you ever had an injuny to a bone, muscle, ligament, or bendon that caused you to miss a practice or a game? 18. Have you ever had an injuny to a bone, muscle, ligament, or bendon that caused you to miss a practice or a game? 19. Have you ever had an existant period? 21. Have you ever had an existant period? 22. De you regularly use a brace, a cast, or crutches? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become paintui, swollen, feel warm, or look rad? 25. Do you have a brone, muscle, or joint injury that bothers you? 26. Do you have any history of juvenile arthritis or connective tissue disease? 27. In every state that, to the best of my knowledge, my answers to the above questions are complete and correct.						
12. Do you get more tired or short of breath more quickly than your friends during exercise? ###################################				· · · · · · · · · · · · · · · · · · ·		
44. Have you have any on had any eye injuries? 45. Do you wear glasses or contact tenses? 46. Do you wear glasses or contact tenses? 47. Do you wear glasses or contact tenses? 48. Are you trying to or has anyone recommended that you gain or lose weight? 49. Are you overy about your weight? 49. Are you on a special diet or do you avoid certain types of foods? 50. Have you ever had an eating disorder? 51. Do you have any concerns that you would like to discuss with a doctor? 51. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 52. Have you ever had an injury that required x-rayes, MRI, CT scan, injections, therepy, a brace, a cast, or crutches? 53. How you ever had an injury that required x-rayes, MRI, CT scan, injections, therepy, a brace, a cast, or crutches? 54. How many periods have you had your first menstrual period? 55. Have you ever had an injury that required x-rayes, MRI, CT scan, injections, therepy, a brace, a cast, or crutches? 56. Have you ever had an injury that required x-rayes, MRI, CT scan, injections, therepy, a brace, a cast, or crutches? 57. How you ever had an injury that required x-rayes, MRI, CT scan, injections, therepy, a brace, a cast, or crutches? 58. Have you ever had an injury that pour was a brace, a cast, or crutches? 59. Have you ever had an injury that pour was a brace, a cast, or crutches? 50. Have you ever had an injury that required x-rayes may not wear you had your first menstrual period? 59. How many periods have you had your first menstrual period? 50. How many periods have you had in the last 12 months? 50. Have you ever had an injury that required x-rayes may not your joints become pain	12. Do you get more tired or short of breath more quickly than your friends	-				
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained zacident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short Of syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained selectives, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace, or other assistive device? 23. Do you have any history of juvenile arthritis or connective tissue disease? 1 hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		-58.880v	0.52.00			
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short QT syndrome, Irangeda syndrome, or catecholaminergic polymorphic ventricular reading your family have a heart problem, pacemaker, or implanted defibrillator? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained setzures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had at siress fracture? 21. Have you ever had at siress fracture? 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have any history of juvenile arthritis or connective tissue disease? 1 hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		Yes	No	45. Do you wear glasses or contact lenses?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, shrugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had an stress fracture? 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have an bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenlle arthritis or connective tissue disease? 1 hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	unexpected or unexplained sudden death before age 50 (including					
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained selzures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a siress fracture? 21. Have you ever had a siress fracture? 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have any history of juvenile arthritis or connective tissue disease? 14. Hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		-				
polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury that required x-rays, Mill, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace, or rothotics, or other assistive device? 23. Do you have a pyn istory of juvenile arthritis or connective tissue disease? 14. Hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT	1				
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained selzures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.						
16. Has anyone in your family had unexplained fainting, unexplained selzures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had an stress fracture? 21. Have you ever had as tress fracture? 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painfui, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	15. Does anyone in your family have a heart problem, pacemaker, or					<u> </u>
selzures, or near drowning? BONE AND 30NT QUESTIONS 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an signer that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		<u> </u>			14.453	
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever head a stress fracture? 22. Do you regularly use a brace, or chotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.					STEEN LEST TO	20000000
that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	BONE AND JOINT QUESTIONS	Yes	No	53. How old were you when you had your first menstrual period?		
18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.				54. How many periods have you had in the last 12 months?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attentoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.				Explain "yes" answers here		
20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.						
21. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.						
instability or atlantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		1				
23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.						
24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.						
25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.					· · · · · · · ·	
I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct,						
		the -b-	L	stiane are complete and covered		
			•	tions are complete and correct.		

© 2010 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. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

9-2881/0419

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name	Date of	i birth
PHYSICIAN 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, chewing tobacco, snuff, or dip? During the past 30 days, did you use chewing tobacco, snuff, or di Do you drink alcohol or use any other drugs? 	n	
· Have you ever taken anabolic steroids or used any other performa		
 Have you ever taken any supplements to help you gain or lose wei 	tht or improve your performance?	
 Do you wear a seat belt, use a helmet, and use condoms? Consider reviewing questions on cardiovascular symptoms (question 	5–14).	
Helght Welght	☐ Male ☐ Female	
BP / (/) Pulse	Vision R 20/ L 20/	Corrected 🗆 Y 🗆 N
	NORMAL	ABNORMAL FINDINGS
 Appearance Marfan stigmata (kyphoscollosis, high-arched palate, pectus excavarm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 	lum, arachnodactyly,	
Eyes/ears/nose/throat Pupils equal Hearing	·	
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen Genitourinary (males only) ^b		
Skin		
HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic •		
MUSGULUSRELE IAC Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh Knee		
Leg/ankle		
Foct/toes		
Functional Public Part		
Duck-walk, single leg hop *Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac hist *Consider GU exam if in private setting. Having third party present is recommended. *Consider cognitive evaluation or baseline neuropsychlatric testing if a history of sig		
☐ Cleared for all sports without restriction		
	urther evaluation or treatment for	
□ Not cleared		
☐ Pending further evaluation		
☐ For any sports		
· -		
Recommendations		
participate in the sport(s) as outlined above. A copy of the physica	articipation physical evaluation. The athlete does not present apparer exam is on record in my office and can be made available to the sch ohysician may rescind the clearance until the problem is resolved and	ool at the request of the parents, if condi-
Name of physician (print/type)		Date
Address		Phone
Signature of physician		, MD or I