**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.)

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Sports(s)</th>
<th>Date of birth</th>
</tr>
</thead>
</table>

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

<table>
<thead>
<tr>
<th>Do you have any allergies?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pollens</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Food</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**EXPLAIN "YES" ANSWERS BELOW. GRACE QUESTIONS YOU DON’T KNOW THE ANSWERS TO.**

### GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?
   - Yes
   - No

2. Do you have any ongoing medical conditions? If so, please identify below:
   - Asthma
   - Asthma
   - Diabetes
   - Infections
   - Other:

3. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
   - Yes
   - No

4. Have you ever had surgery?
   - Yes
   - No

5. Do you have any history of juvenile arthritis or connective tissue disease?
   - Yes
   - No

6. Do any of your joints become painful, swollen, feel warm or look red?
   - Yes
   - No

7. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?
   - Yes
   - No

8. Do you regularly use a brace, splint, or other assistive device?
   - Yes
   - No

9. Have you ever had a head injury or concussion?
   - Yes
   - No

10. Have you ever had an injury or fall that caused you to miss a practice or a game?
    - Yes
    - No

11. Have you ever had an injury that required x-rays, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

12. Has anyone in your family had unexplained fainting, unexplained loss of consciousness or near drowning? (Down syndrome or dwarfism)
    - Yes
    - No

13. Has anyone in your family had unexplained fainting, unexplained loss of consciousness or near drowning? (Down syndrome or dwarfism)
    - Yes
    - No

14. Has anyone in your family had unexplained fainting, unexplained loss of consciousness or near drowning? (Down syndrome or dwarfism)
    - Yes
    - No

15. Has anyone in your family had unexplained fainting, unexplained loss of consciousness or near drowning? (Down syndrome or dwarfism)
    - Yes
    - No

16. Has anyone in your family had unexplained fainting, unexplained loss of consciousness or near drowning? (Down syndrome or dwarfism)
    - Yes
    - No

### HEART HEALTH QUESTIONS ABOUT YOU

17. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

18. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

19. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

20. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

### HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

21. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

22. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

23. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

24. Have you ever been told you have or had an x-ray, MRI, CT scan, implanted defibrillator?
    - Yes
    - No

### BONE AND JOINT QUESTIONS

25. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
    - Yes
    - No

26. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
    - Yes
    - No

27. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
    - Yes
    - No

28. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?
    - Yes
    - No

### MEDICAL QUESTIONS

29. Have you ever had a history of seizures?
    - Yes
    - No

30. Have you ever had a history of seizures?
    - Yes
    - No

31. Have you ever had a history of seizures?
    - Yes
    - No

32. Have you ever had a history of seizures?
    - Yes
    - No

33. Have you ever had a history of seizures?
    - Yes
    - No

34. Have you ever had a history of seizures?
    - Yes
    - No

35. Have you ever had a history of seizures?
    - Yes
    - No

36. Have you ever had a history of seizures?
    - Yes
    - No

37. Have you ever had a history of seizures?
    - Yes
    - No

38. Have you ever had a history of seizures?
    - Yes
    - No

39. Have you ever had a history of seizures?
    - Yes
    - No

40. Have you ever had a history of seizures?
    - Yes
    - No

### FEMALES ONLY

41. Have you ever had a menstrual period?
    - Yes
    - No

42. Have you ever had a menstrual period?
    - Yes
    - No

43. Have you ever had a menstrual period?
    - Yes
    - No

44. Have you ever had a menstrual period?
    - Yes
    - No

45. Have you ever had a menstrual period?
    - Yes
    - No

46. Have you ever had a menstrual period?
    - Yes
    - No

47. Have you ever had a menstrual period?
    - Yes
    - No

48. Have you ever had a menstrual period?
    - Yes
    - No

49. Have you ever had a menstrual period?
    - Yes
    - No

50. Have you ever had a menstrual period?
    - Yes
    - No

51. Have you ever had a menstrual period?
    - Yes
    - No

52. Have you ever had a menstrual period?
    - Yes
    - No

53. Have you ever had a menstrual period?
    - Yes
    - No

54. Have you ever had a menstrual period?
    - Yes
    - No

### EXPLAIN "YES" ANSWERS HERE

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

Signature of patient __________________________________________ Signature of parent/guardian __________________________ Date ____________________
# Preparticipation Physical Evaluation

## The Athlete with Special Needs: Supplemental History Form

**Date of Exam**

**Name**

**Date of birth**

**Sex**

**Age**

**Grade**

**School**

**Sports(s)**

1. **Type of disability**
2. **Date of disability**
3. **Classification (if available)**
4. **Cause of disability (birth, disease, accident/trauma, other)**
5. List the sports you are interested in playing

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Do you regularly use a brace, assistive device, or prosthetic?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you use any special brace or assistive device for sports?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you have any rashes, pressure sores, or any other skin problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you have a hearing loss? Do you use a hearing aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you have a visual impairment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do you use any special devices for bowel or bladder function?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you have burning or discomfort when urinating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Have you had autonomic dysreflexia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have muscle spasticity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Do you have frequent seizures that cannot be controlled by medication?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "yes" answers here

---

Please indicate if you have ever had any of the following.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "yes" answers here

---

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

**Signature of athlete**

**Signature of parent/guardian**

**Date**

## Preparticipation Physical Evaluation

### Physical Examination Form

**PHYSICIAN REMINDERS**

1. Consider additional questions for more sensitive issues:
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Have you ever tried 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 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 (questions 5-14).

### Examination

**Height**  
**Weight**  
**BP**  
**Pulse**  
**Vision R**  
**Vision L**  
**Corrected**

### Medical

- **Appearance**
  - Marfan stigmata (hypertelorism, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperelasticity, myopia, MVP, aortic insufficiency)

- **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)**

- **Skin**
  - HSV, lesions suggestive of MRSA, linea corporis

- **Neurologic**

### Musculoskeletal

- **Neck**
- **Back**
- **Shoulder/arm**
- **Elbow/forearm**
- **Wrist/hand/fingers**
- **Hip/thigh**
- **Knee**
- **Leg/ankle**
- **Foot/toes**

### Functional
  - Buck-walk, single leg hop

### Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of this physical exam is on record in my office and can be made 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 physician (print/type)  
Address  
Phone  
Signature of physician  

PREPARTICIPATION PHYSICAL EVALUATION
CLEARANCE FORM

Name ___________________________ Sex □ M □ F Age ___________ Date of birth ___________

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

☐ Not cleared
   ☐ Pending further evaluation
   ☐ For any sports
   ☐ For certain sports

Reason ____________________________________________________________

Recommendations ___________________________________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent 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 made 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 physician (print/type) ___________________________ Date ___
Address ___________________________ Phone ___________ MD or DO

Signature of physician ________________________

EMERGENCY INFORMATION

Allergies ________________________________________________________

Other information ______________________________________________

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