



PRE-PARTICIPATION PHYSICAL EVALUATION



PHYSICAL EXAMINATION FORM

Name: _____ Date of 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 dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplements?
- 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: _____ [] Male [] Female
BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: [] Yes [] No

MEDICAL NORMAL ABNORMAL FINDINGS

Table with 3 columns: Medical, Normal, and Abnormal Findings. Rows include Appearance, Eyes/Ears/Nose/Throat, Lymph Nodes, Heart*, Pulses, Lungs, Abdomen, Genitourinary (males only)**, Skin, and Neurologic***.

MUSCULOSKELETAL NORMAL ABNORMAL FINDINGS

Table with 3 columns: Musculoskeletal, Normal, and Abnormal Findings. Rows include Neck, Back, Shoulder/arm, Elbow/forearm, Hip/thigh, Knee, Leg/ankle, Foot/toes, and Functional.

* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; **Consider GU exam if in private setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

[] 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 (please list):
Reason: _____

Recommendations:

I have examined the above-named student and completed the pre-participation 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 (type/print): _____ Date: _____
Address: _____ Phone: _____
Signature of Physician (MD/DO/ARNP/PA/Chiropractor*): _____

*NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.