This form should be placed into the individual's medical file and should *only* be shared with other health care professionals. The Medical Eligibility Form is the only form that should be submitted to nonmedical personnel at a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

## PREPARTICIPATION EVALUATION

# PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

Biological Sex: Male ____ Female ____

### *PHYSICIAN REMINDERS*

1. **Consider additional questions on more sensitive issues.**
   - Do you feel stressed out or under a lot of pressure?
   - Do you have enough food at home?
   - Do you ever worry about becoming homeless?
   - Do you feel safe at your home/residence, in your neighborhood, at school, and in sports/activities?
   - Have you ever tried cigarettes, e-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?
   - Do you wear a seat belt, use a helmet, and use condoms?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?

| EXAMINATION | | | |
|---|---|---|---|
| Height: Weight: | | | |
| BP: / Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N | | | |
| **MEDICAL** | | **NORMAL** | **ABNORMAL FINDINGS** |
| Appearance<br>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia) | | | |
| Eyes, ears, nose, and throat | | | |
| Lymph nodes | | | |
| Cardiovascular<br>• Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)<br>• Pulses (radial and femoral) | | | |
| Lungs | | | |
| Abdomen<br>• Mass or enlarged liver/spleen<br>• CVA tenderness | | | |
| Skin<br>• Herpes simplex virus (HSV), *Staphylococcus aureus*, or tinea corporis | | | |
| Neurological | | | |
| **MUSCULOSKELETAL** | | **NORMAL** | **ABNORMAL FINDINGS** |
| Neck | | | |
| Back | | | |
| Shoulder and arm | | | |
| Elbow and forearm | | | |
| Wrist, hand, and fingers | | | |
| Hip and thigh | | | |
| Knee | | | |
| Leg and ankle | | | |
| Foot and toes | | | |
| Functional<br>• Consider single-leg squat test and/or box drop test | | | |

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

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, ARNP, PA, or ND

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