## ■ PREPARTICIPATION PHYSICAL EVALUATION

## **HISTORY FORM**

Name: Date of examination:				te of birth:			
Sex assigned at birth:		port(s):					
List past and current medical conditions.							
Have you ever had surgery? If yes, list all past surg	gical procedu	res					
Medicines and supplements: List all current prescr	riptions, over	the-counte	er medicines, ar	nd supplements (herbal	and nutri	tional)	
Do you have any allergies? If yes, please list all y	our allergies	(ie, medici	nes, pollens, fo	ood, stinging insects).			
Patient Health Questionnaire Version 4 (PHQ-4)							
Over the last 2 weeks, how often have you been to	bothered by a Not a	•		lems? (check box next to Over half the days			
Feeling nervous, anxious, or on edge			□ 1	□ 2			/
Not being able to stop or control worrying		)	□ 1	□ 2		3	
Little interest or pleasure in doing things		)	□ 1	<b>2</b>		3	
Feeling down, depressed, or hopeless		)	□ 1	<b>2</b>		3	
(A sum of $\geq 3$ is considered positive on either	er subscale [q	uestions 1	and 2, or ques	tions 3 and 4] for scre	ening pur	poses.)	)
		_					
GENERAL QUESTIONS				ESTIONS ABOUT YOU		V	NI-
(Explain "Yes" answers at the end of this form.  Circle questions if you don't know the answer.)	Yes No		ONTINUED)	la la calcala a Carlaha da c	. ( )	Yes	No
Do you have any concerns that you would like to discuss with your provider?				ht-headed or feel shorter on higs during exercise?	of breath		
Has a provider ever denied or restricted your		1 10	. Have you ever	had a seizure?			
participation in sports for any reason?		HE	art Health Qu	ESTIONS ABOUT YOUR F	AMILY	Yes	No
<ol> <li>Do you have any ongoing medical issues or recent illness?</li> </ol>		11		member or relative died			
HEART HEALTH QUESTIONS ABOUT YOU	Yes No			ad an unexpected or unex before age 35 years (incl			$ \Box$
Have you ever passed out or nearly passed out during or after exercise?		jl L		nexplained car crash)?	oung	Ш 	
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		]   12	problem such	n your family have a gene as hypertrophic cardiomy	opathy		
<ol><li>Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?</li></ol>			ventricular car	n syndrome, arrhythmoge diomyopathy (ARVC), lon IS), short QT syndrome (S	ng QT		
7. Has a doctor ever told you that you have any heart problems?		]	Brugada syndi	rome, or catecholaminerg cular tachycardia (CPVT)?	ic poly-		
<ol> <li>Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.</li> </ol>		] 13		your family had a pacem defibrillator before age 35			

1.4	E AND JOINT QUESTIONS	Yes	No	MED	DICAL QUESTIONS (CONTINUED)	Yes	No
	Have you ever had a stress fracture or an injury			25.	Do you worry about your weight?		
	to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	Ш		26.	Are you trying to or has anyone recommended that you gain or lose weight?		
	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27.	Are you on a special diet or do you avoid certain types of foods or food groups?		
MED	ICAL QUESTIONS	Yes	No	28.	Have you ever had an eating disorder?		
	Do you cough, wheeze, or have difficulty breathing during or after exercise?				ALES ONLY	Yes	No
	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			_	Have you ever had a menstrual period?  How old were you when you had your first menstrual period?		<u>                                     </u>
	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			_	When was your most recent menstrual period?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus				How many periods have you had in the past 12 months?		
20.	(MRSA)?  Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
	Have you ever become ill while exercising in the heat?						
	Do you or does someone in your family have sickle cell trait or disease?						
	Have you ever had or do you have any prob- lems with your eyes or vision?						

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2022 This form has been modified for use by the GHSA

### PREPARTICIPATION 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, 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?
  - 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?
  - Do you wear a seat belt, use a helmet, and use condoms?
- 2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION						
Height: Weight:						
BP: / ( / ) Pulse: Vision: R 20/ L 20/ Correc	ted: Y	□N				
MEDICAL	NORMAI	ABNORMAL FINDINGS				
Appearance  • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)						
Eyes, ears, nose, and throat  Pupils equal  Hearing						
Lymph nodes						
Heart <sup>a</sup> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)						
Lungs						
Abdomen						
Skin  • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis						
Neurological						
MUSCULOSKELETAL	NORMAI	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  • Double-leg squat test, single-leg squat test, and box drop or step drop test						
<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.						
Name of health care professional (print or type):		Oate:				
Signature of health care professional:		, MD, DO, NP, or PA				

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#### PREPARTICIPATION PHYSICAL EVALUATION

# **MEDICAL ELIGIBILITY FORM** \_\_\_\_\_ Date of birth: \_\_\_\_\_ Name: \_\_ Medically eligible for all sports without restriction Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of ☐ 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. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians). Address: Phone: Signature of health care professional: , MD, DO, NP, or PA SHARED EMERGENCY INFORMATION Allergies: \_\_\_\_ Medications: Other information: Emergency contacts: \_\_\_\_

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