Preparticipation Physical Evaluation - Physical Form

Last Name				First Nam	e	Middle Initia	al		Date of Birth
Examination	n	_						_	
Height:				Weight:					
BP: /	(/)	Pulse:	Visio	n: R 20/	I	20/	Corrected Yes No
Medical							No	ormal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high–arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency									
Eyes / Ears / Nose / Throat - Pupils equal / Hearing									
Lymph Nodes Supplies									
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver									
Lungs									
Abdomen									
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis									
Neurologic									
Musculosko	eletal:								
- Neck									
- Back									
- Shoulders/A	m								
- Elbow/Forea	rm								
- Wrist/Hand/	Fingers								
- Hip/Thighs									
- Knees									
- Leg/Ankles									
- Foot/Toes	Daulda	100 0000	t toat ai	mala lag aguat taat a	ad have duam an atom	duan taat			
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test									
Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those. Preparticipation Physical Evaluation Medically eligible for all sports without restriction. Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of:									
Not medi	cally el	ligible p ligible f	ending for any	g further evaluation sports.	1.				
not have a conditions	pparei arise a	nt clin after th	ical c ne ath	contraindication lete had been cl	s to practice a leared for parti	and can parti cipation, the	icipate i	in the	physical evaluation. The athlete does sport(s) as outlined on this form. If my rescind the medical eligibility until the athlete and parents or guardians.
Name of hea	ılth ca	re profe	ession	al (print or type):	:				Date:
									Phone:
				sional:					MD, DO, NP, or PA

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