■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. Name: Date of birth:							
Date of examination:		Sport(s):					
Sex assigned at birth:		opon(s)					
List past and current medical conditions.							
Have you ever had surgery? If yes, list all past surgi	cal procedures.						
Medicines and supplements: List all current prescrip	otions, over-the-	-counter medicines, and supplements (herbal and nutri	tional).				
Do you have any allergies? If yes, please list all yo	ur allergies (ie,	medicines, pollens, food, stinging insects).					
Feeling nervous, anxious, or on edge Not being able to stop or control worrying Little interest or pleasure in doing things Feeling down, depressed, or hopeless	Not at al	□ 1 □ 2 □ 3 □ 1 □ 2 □ 3 □ 1 □ 2 □ 3 □ 1 □ 2 □ 3 □ 1 □ 2 □ 3	every day 3 3 3 3				
(A sum of ≥3 is considered positive on either	subscale [quest	tions 1 and 2, or questions 3 and 4] for screening purp	poses.)				
GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes No	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) 9. Do you get light-headed or feel shorter of breath	Yes N	No			
Do you have any concerns that you would like to discuss with your provider?		than your friends during exercise?		ᆜ			
Has a provider ever denied or restricted your participation in sports for any reason?		10. Have you ever had a seizure? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No			
3. Do you have any ongoing medical issues or recent illness? HEART HEALTH QUESTIONS ABOUT YOU 4. Have you ever passed out or nearly passed out during or after exercise?	Yes No	11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?					
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? 7. Has a doctor ever told you that you have any heart problems?		12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?					
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?					

BONE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	No
14. 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?		
15. 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?		
MEDICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY 29. Have you ever had a menstrual period?	Yes	No
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			30. How old were you when you had your first menstrual period?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or			32. How many periods have you had in the past 12 months?		
methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			Explain "Yes" answers here.		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					
21. 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?					
22. Have you ever become ill while exercising in the heat?					
23. Do you or does someone in your family have sickle cell trait or disease?					
24. Have you ever had or do you have any prob- lems with your eyes or vision?					
I hereby state that, to the best of my kno and correct. Signature of athlete:	wled	ge, m	answers to the questions on this form are co	omple	ete
Signature of parent or guardian:					
Date:					

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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:
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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	cted: Y	¬N				
MEDICAL	NORMAL	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 ^a • 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 						
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 Double-leg squat test, single-leg squat test, and box drop or step drop test						
^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac histo nation of those. Name of health care professional (print or type):		nation findings, or a combi-				
Signature of health care professional:, MD, DO, NP, or PA						

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PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

_____ Date of birth: _____ 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 quardians). Name of health care professional (print or type): _______ Date: _____ 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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