



# PREPARTICIPATION PHYSICAL EXAMINATION

## Physical Examination Form

Note that this page is to be retained in the medical record of the health care provider, not given to the patient or sent to the school unless specifically authorized.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### FOR HEALTH CARE PROVIDER TO REVIEW WITH STUDENT

1. Consider reviewing questions on cardiovascular symptoms (questions 5-14 on previous page).
2. Discuss the following and address or refer if positive:

Yes	No	
		Do you feel stressed out or under a lot of pressure?
		In the last two weeks, have you felt very sad, hopeless, depressed or anxious?
		Do you feel unsafe at home?
		Have you tried tobacco in the form of cigarettes, chew, snuff, dip or vape?
		Have you tried alcohol or other drugs?
		Have you ever taken steroids, used a performance enhancing supplement or a weight loss/gain supplement?
		Are there times when you should, that you do not wear a seatbelt or use a helmet?
		If you are sexually active, do you use a condom?

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/ ( / )	Pulse	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
		Vision R 20/	L 20/
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Recommendations discussed at the time of visit (but not to be shared with school unless specifically authorized):

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Name of Health Care Provider \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_