This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations.

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 (F, M, or intersex):	How do you identify your gender? (F, M, or other):
	, , , , , , ,

List past and current medical conditions. __

Have you ever had surgery? If yes, list all past surgical procedures.

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been b	pothered by any of	the following prob	lems? (Circle response.)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of \geq 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
 Do you have any concerns that you would like to discuss with your provider? 		
Has a provider ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
 Have you ever passed out or nearly passed out during or after exercise? 		
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?		
Has a doctor ever told you that you have any heart problems?		
 Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. 		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	ו	
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	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)?		
12. Does anyone in your family have a genetic hear 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 poly- morphic ventricular tachycardia (CPVT)?		
 Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? 		

BON	IE AND JOINT QUESTIONS	Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MED	VICAL QUESTIONS	Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
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?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
FEMALES ONLY 29. Have you ever had a menstrual period?	Yes	No
	Yes	No
29. Have you ever had a menstrual period?30. How old were you when you had your first	Yes	No

Explain "Yes" answers here.

 24. Have you ever had or do you have any problems with your eyes or vision?

 I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete:	
Signature of parent or guardian:	
Date:	

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name:

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 Weight: Height: Vision: R 20/ BP: Pulse: L 20/ Corrected: \Box Y \Box 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 history or examination findings, or a combination of those. Name of health care professional (print or type): _____ __ Date: ___ Address: Phone: , MD, DO, NP, or PA

Signature of health care professional:

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FORM MUST HAVE PHYSICIAN/PROVIDER

STAMP

Date of Examination:

Date of birth:

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

MEDICAL ELIGIBILITY FORM		
Name: Do	ate of birth:	
Medically eligible for all sports without restriction		
Medically eligible for all sports without restriction with recommendations for further	r 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 prepartie		 te does not have
have examined the student named on this form and completed the prepartie apparent clinical contraindications to practice and can participate in the spo examination findings are on record in my office and can be made available arise after the athlete has been cleared for participation, the physician may and the potential consequences are completely explained to the athlete (and	cipation physical evaluation. The athle rt(s) as outlined on this form. A copy of to the school at the request of the pare rescind the medical eligibility until the parents or guardians).	of the physical ents. If conditions problem is resolved
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