■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

ame:	Date of birth:
ate of examination:	Sport(s):
ex 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 surg	gical procedures.
Medicines and supplements: List all current prescr	riptions, over-the-counter medicines, and supplements (herbal and nutritional).
	our allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been be	othered 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 ≥3 is considered positive on either	subscale [question	ns 1 and 2, or que	stions 3 and 4] for scre	ening purposes.)

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

	RT HEALTH QUESTIONS ABOUT YOU NTINUED)	Yes	No
9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10.	Have you ever had a seizure?		
HEA	RT 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 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)?		
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that			25. Do you worry about your weight?		
	caused you to miss a practice or game?			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?		
MEI	DICAL 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	Yes	No
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			29. Have you ever had a menstrual period? 30. How old were you when you had your first menstrual period?		<u> </u>
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			32. How many periods have you had in the past 12 months?		
	rashes that come and go, including herpes or 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?					

Yes No

BONE AND JOINT QUESTIONS

Date: _

MEDICAL QUESTIONS (CONTINUED)

Yes No

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■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _	Date of birth:

PHYSICIAN REMINDERS

Parent or Legal Guardian Signature

- 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?

Z. Conside	r reviewin	g quest	tions	on cardiovascul	ar symptoms (Q4-	-Q13 of Histo	ory Form).			
EXAMINATI	ON									
Height:			'	Weight:						
BP: /	(/)	Pulse:	Vision:	R 20/	L 20/	Corre	cted: 🗆 Y	□N
MEDICAL									NORMAL	ABNORMAL FINDINGS
	stigmata (l			sis, high-arched [MVP], and aort	palate, pectus exc tic insufficiency)	cavatum, arac	hnodactyly, hype	·laxity,		
Eyes, ears, rPupils eqHearing		throat								
Lymph node	s									
Heart ^a										
	(ausculta	tion sta	andin	g, auscultation si	upine, and ± Vals	alva maneuve	er)			
Lungs										
Abdomen										
• Herpes s tinea cor		us (HS\	V), le	sions suggestive	of methicillin-resis	stant Staphylo	ococcus aureus (M	RSA), or		
Neurologica	ıl									
MUSCULOS	KELETAL								NORMAL	ABNORMAL FINDINGS
Neck										
1 1001										
Back										
	d arm									
Back										
Back Shoulder an	orearm	ers								
Back Shoulder and Elbow and fo	orearm , and finge	ers								
Back Shoulder and Elbow and for Wrist, hand,	orearm , and finge	ers								
Back Shoulder and felbow and felbow and felbow and felbow and felbow and felbow and thigh and thigh and this graph and this graph are selected as the selected ar	orearm , and finge _J h	ers								
Back Shoulder and Felbow and Felbow and Felbow and Felbow and Felbow and this this thing and this this thing and this thing and this thing and this thing are the self-back.	orearm , and finge Jh	ers								
Back Shoulder and Elbow and for Wrist, hand, Hip and thig Knee Leg and ank Foot and toe Functional	orearm , and finge h le		gle-le	eg squat test, anc	d box drop or step	o drop test				
Back Shoulder and Elbow and fe Wrist, hand, Hip and thig Knee Leg and ank Foot and toe Functional Double-le	orearm , and finge h le es eg squat to rocardiogra	est, sinq	G), ec	hocardiography, ref	d box drop or step ferral to a cardiologis	t for abnormal c			dings, or a comi	
Back Shoulder and Elbow and for Wrist, hand, Hip and thig Knee Leg and ank Foot and toe Functional Double-lot Consider elect Name of healt Address:	orearm , and finge h le es eg squat to rocardiogra h care proc	est, sing phy (EC fessiona	G), ec	hocardiography, ref	ferral to a cardiologis	t for abnormal c	·		Date:	
Back Shoulder and Elbow and fe Wrist, hand, Hip and thig Knee Leg and ank Foot and toe Functional Double-lef Consider elect Name of healt Address: Signature of he 2019 America	eg squat to rocardiogra h care proceedith care proposed an Academ papaedic Societa	est, sing phy (EC fessiona professi ny of Fac ciety for	GG), ecal (prince), e	hocardiography, refint or type):	ferral to a cardiologis	t for abnormal c	Pho	one:	Date:, MD:	

I nereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.