

ATHLETIC PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

(The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10)



Name _____ Date of birth _____

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____/_____/_____ (_____/_____)	Pulse _____	Vision R 20/_____/ L 20/_____/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
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 ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/Toes		
Functional • Duck-walk, single leg hop		

^a Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^b Consider GU exam if in private setting. Having a third party present is recommended.
^c Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
 Not cleared: Pending further evaluation For any sports For certain sports _____
Reason _____
Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after this athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parent/guardians). *(The physical examination must be performed on or after April 1 by a Physician holding an unlimited licensed to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10)*

Name of physician (print/type) _____ Date _____
Address _____ Phone _____
Signature of physician (MD or DO) _____ License # _____