## **Preparticipation Physical Evaluation**

PHYSICAL EXAMINATION FORM

me _	Date of birth											
ight _	Weight % Body fat (optional) Pulse BP/ (/	_,	_/									
ion	R 20/ L 20/ Corrected: Y N Pupils: Equal Unequal											
	Follow-Up Questions on More Sensitive Issues	Yes	No									
	1. Do you feel stressed out or under a lot of pressure?											
	2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days											
	3. Do you feel safe?											
	4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?											
	5. During the past 30 days, did you use chewing tobacco, snuff, or dip?											
	6. During the past 30 days, have you had at least 1 drink of alcohol?											
	7. Have you ever taken steroid pills or shots without a doctor's prescription?											
	8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?											
	<ol> <li>Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc</li> </ol>											
	Notes:											

	NORMAL	ABNORMAL FINDINGS	INITIALS*					
MEDICAL			,					
Appearance								
Eyes/ears/nose/throat								
Hearing								
Lymph nodes								
Heart								
Murmurs								
Pulses								
Lungs								
Abdomen								
Genitourinary <sup>†</sup>								
Skin								
MUSCULOSKELETAL								
Neck								
Back								
Shoulder/arm								
Elbow/forearm								
Wrist/hand/fingers								
Hip/thigh								
Knee								
Leg/ankle								
Foot/toes								
*Multiple-examiner set-up on †Having a third party present	ly. t is recommended fo	r the genitourinary examination.						
Date of exam	1							
	Charles and Charle	can play:SwimmingWrestling Cheerleading Track	_Goalball					
Name of physician (prin	t/type)	Date	Date					
Address		Phone						
Signature of physician			. MD or DC					

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## **Preparticipation Physical Evaluation**



Name		ATE	OF EXA	M														
GradeSchool Overhook School for the Billind Sport(s)		Nan	he								Se	Y	٥ne		Date of hirth			
Address       Phone         Personal physician       In case of emergency, contact         Name       Relationship       Phone (H)       (W)         Explain "Yes" answers below.       (Cricel questions you don't know the answers to       Yes No         1. Has a doctor over denied or restricted your participation in sports for any reason?       (W)       24. Do you cough, wheeze, or have difficulty breathing       Yes No         2. Do you have an ongoing medical condition       (In the dubates or asthmu?)       (In the dubate			1914-01	chool Ove	erbrook Scl	hool for th							_					
Personal physician       In case of emergency, contact         Name       Relationship       Phone (f)       (W)         Explain "Vest" answers below.       (W)       (W)         Explain "Vest" answers below.       (W)       (W)         1 Has a dootor wer denied or restricted your       Yes No         2 Da yeu have an engoing metalical constition       (W)       (W)         3 Are you currently taking any prescription or       (P)       (W)         2 Da yeu have an engoing metalicons, pollens, foods, or singing insect?       (P)       (W)       (W)         3 Have you wer passed out or nearly passed out or DRINK exercise?       (P)       (W) have factorized?       (P)         3 Have you wer passed out or nearly passed ou																	-3	
In case of emergency, contact         Name       Relationship       Phone (H)       (W)         Explain "fee" answers below. Cricle questions you don't know the answers to.       Yes No         1. Has a doctor ever denied or restricted your participation in sports for any reason?       25. Is there anyone in your family who has astima?       26. Have you ever used an inhaler or take astima medion??         2. Do you have an orgoing medical condition (like diabets or astima)?       26. Have you ever used an inhaler or take astima medion??       27. Were you bawe introduced are your misming a likely: an eye, a testicle, or any other organ?         3. Are you courtently taking any prescription or nonprescription lower-the-courterin medicines or pills?       28. Have you have an argues, pressure sone, or other aking problems?         4. have you veer passed out or nearly passed out AFTECR exercise?       31. Have you veer had a near injection?         3. Have you veer passed diacomfort, pain, or pressure in your check during exercise?       33. Have you veer had a near injection?         9. Has a doctor ever locid you thary our secret and a secture?       34. Do you have any rescription or measer compas or houting in the head, do you have any rescription?         10. Have you veer had a last for your (check all that apply):       11. Have you veer had a near morting?         34. Do you hour any recription the your (from example, EOG, echocardiogram)       11. Have you veer had a near problem?         11. Have you veer had an latest or your (from example, EOG, echocardiogram)	3			25 125											_ Phone			
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or singing insects?   5. Have you ever passed out or nearly passed out   DURING exercise?   6. Have you ever passed out or nearly passed out   AFTER exercise?   7. Have you ever had discomfort, pain, or pressure in your check during exercise?   8. Does your heart race or skip beats during exercise?   9. Has a doctor ever told you that you have (check all that apply):   10. Has a doctor ever ordered a test for your heart?   10. Has a doctor ever ordered a test for your heart?   11. Has anytamily member or relative a beart problem?   12. Does anyone in your family have a heart problem?   13. Hase anytamily member or relative defined frequency   14. Have you ever had a seizure?   15. Have you ever path thin the head, and been confused or lost your memory?   16. Have you ever path that apply?   17. Has anytamily member or relative defined frequency   18. Have you ever path thin the nead indury or concussion?   19. Have you ever path that apply?   11. Has anytamily member or relative defined frequency   12. Does anyone in your family have a heart problem?   13. Have you ever path thight in a hospital?   14. Have you ever path as ingers?   15. Have you ever spath the night in a hospital?   16. Have you ever path as ingers?   17. Have you ever had as ingers?   18. Have you ever path as anytamily filed for no apparent reage?   19. Have you wer had as ingers?   11. Has anytamily died for no apparent reage?   12. Have you ever path the night in a hospital?   13. Have you ever path								r pills?			29.				pressure sores, or	other		
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AFTER exercise?       33. Have you ever had a seizure?         7. Have you ever had discomfort, pain, or pressure in your chest during exercise?       34. Do you have headaches with exercise?         8. Does your heart race or skip beals during exercise?       34. Do you have headaches with exercise?         9. Has a doctor ever told you that you have (check all that apply):       A heart murrur         High blood pressure       A heart infection         10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)       38. Have you ever bad any problems with your or someone in your family have a heart problem?         12. Does anyone in your family have a heart problem?       39. Have you wear protective eyewear, such as goggles or a face shield?         14. Does anyone in your family have Marfan syndrome?       43. Are you happy with your weight?         15. Have you ever had a ni jury, like a sprain, muscle or ligament tear or tendinis, that caused you to miss a practice or game? If yes, circle below:       44. Has anyone recommended you change your weight?         16. Have you ever had a ni nijury, like a sprain, muscle or ligament tear or tendinis, that caused you to miss a practice or game? If yes, circle below:       45. Do you inmer carefully control what you eat?         17. Have you ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or cructnes? If yes, circle below:       45. Do you have any ported have you had in the last year?         18. Have you been told that you have or have yo		6.				r nearly	passed ou	t			32.				nead and been con	fused		
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9. Has a doctor ever told you that you have (check all that apply):       In you arms or lega after being hit or failing?         11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)       In the exercising in the heat, do you have severe muscle oramps or become ill?         11. Has anyone in your family died for no apparent reason?       Image: the exercising in the heat, do you have severe muscle oramps or become ill?         12. Does anyone in your family have a heart problem?       Image: the exercising in the heat, do you have severe muscle or samps or become ill?         13. Has any family member or relative died of heart problems or of sudden death before age 50?       Image: the you had any problems with your weigs or vision?         14. Does anyone in your family have Marfan syndrome?       Image: the you ever spent the night in a hospital?         15. Have you ever spent the night in a hospital?       Image: the you had any problems with your weight?         18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game?       Image: the you had a book?         19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:       Image: the you had a menstrual period?         19. Have you ever had a stress fracture?       Image: the you had in the last year?         20. Have you ever had a stress fracture?       Image: the you had a menstrual period?         21. Have you ever had a stress fracture?       Image: the you had in the last year?			1. Surger			hoate d	uring over	cieo?			35.						_	
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<ul> <li>13. Has any family member or relative died of heart problems or of sudden death before age 50?</li> <li>14. Does anyone in your family have Marfan syndrome?</li> <li>15. Have you ever spent the night in a hospital?</li> <li>16. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:</li> <li>18. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:</li> <li>19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:</li> <li>19. Have you bad a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:</li> <li>20. Have you veer had a stress fracture?</li> <li>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?</li> <li>22. Do you regularly use a brace or assistive device?</li> <li>23. Has a doctor ever told you that you have asthma</li> </ul>		12.	Does any	one in you	ur family h	have a h	eart proble	em?				and the second se	Los and Los Charles A State of Contracts	and a second sec	and a second			
a face shield?   14. Does anyone in your family have Marfan syndrome?   15. Have you ever spent the night in a hospital?   16. Have you ever had surgery?   17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:   18. Have you had na bone or fractured bones, or dislocated joints? If yes, circle below:   19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   14. Does anyone in your family have Marfan syndrome?   17. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   19. Have you ever had a stress fracture?   20. Have you ever had a stress fracture?   21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?   22. Do you regularly use a brace or assistive device?   23. Has a doctor ever told you that you have asthma		13.						t	-	-						ggles or		
15. Have you ever spent the night in a hospital?       42. Are you happy with your weight?         16. Have you ever had surgery?       43. Are you trying to gain or lose weight?         17. Have you ever had an injury, like a sprain, muscle or ligament lear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:       44. Has anyone recommended you change your weight or eating habits?         18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:       45. Do you limit or carefully control what you eat?         19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       46. Do you have any concerns that you would like to discuss with a doctor?         19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       48. How old were you when you had your first menstrual period?         49. How many periods have you had a stress fracture?       49. How many periods have you had in the last year?       49. How many periods have you had in the last year?         20. Have you ever had a stress fracture?       21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?       22. Do you regularly use a brace or assistive device?       42. Are you happy with you have asthma		14	C.C				122.00	omo?									5.56	
16. Have you ever had surgery?       17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:       44. Has anyone recommended you change your weight or eating habits?         18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:       1         19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       1         Head       Neck       Shoukler       Upper arm         Lower       Ling       Forearm         10. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?       1         22. Do you regularly use a brace or assistive device?       1         23. Has a doctor ever told you that you have asthma       1								omei										
17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:			Contraction and a second seco second second sec	the second s			oopitui										Ц	
ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:       -         18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:       -         19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       -         Head       Neck       Shoukler       Upper arm         Lower back       Hip       Thigh       Knee       Calf/shin         20. Have you ever had a stress fracture?       -       -         21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?       -       -         22. Do you regularly use a brace or assistive device?       -       -         23. Has a doctor ever told you that you have asthma       -       -	-						prain, mus	cle or			44.			nmend	ed you change your	weight	Π	Π
18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below:   19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   19. Head   Neck   Shoukler   Upper   Lower   back      20. Have you ever had a stress fracture?   21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?   22. Do you regularly use a brace or assistive device?   23. Has a doctor ever told you that you have asthma			ligament	tear or ten	dinitis, the	at cause	d you to m	niss a	_	_	45.		and the second second second second second	refully	control what you ea	t?		
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       Image: discuss with a doctor?         Head       Neck       Shoukler       Upper arm       Elbow fingers       Forearm fingers         Upper back       Lower back       Hip       Thigh       Knee       Calf/shin       Ankle       Foot/toes         20. Have you ever had a stress fracture?       Image: classified eventses       Image: classified eventses       Image: classified eventses         21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?       Image: classified eventses       Image: classified eventses         22. Do you regularly use a brace or assistive device?       Image: classified eventses       Image: classified eventses       Image: classified eventses         23. Has a doctor ever told you that you have asthma       Image: classified eventses       Image: classified eventses       Image: classified eventses		10		and the second					Ц						1750			
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       Image: Chest fingers indicating the stress indicating the stre		10.						Jr				discuss	with a doc					
MRI, CI, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:       -         Head       Neck       Shoukler       Upper arm       Elbow forearm       Hand/ fingers         Upper back       Hip       Thigh       Knee       Calf/shin       Ankle       Foot/toes         20. Have you ever had a stress fracture?       Image: Construction of the con		19.	Have you	had a bo	ne or join	nt injury t	hat require							d a ma	netrual pariod?		П	
Head       Neck       Shoukler       Upper arm       Elbow       Forearm       Hand/ fingers       Chest fingers       Explain "Yes" answers here:									. —	_						strual period		
Head       Neck       Shoulder       Upper arm       Elbow       Forearm       Hand/ fingers       Chest fingers       Explain "Yes" answers here:         Upper back       Hip       Thigh       Knee       Calf/shin       Ankle       Foot/toes         20. Have you ever had a stress fracture?       Image: Calf/shin ankle       Foot/toes       Image: Calf/shin ankle       Foot/toes         21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?       Image: Calf/shin ankle       Image: Calf/shin																		
Upper back       Lower back       Hip       Thigh       Knee       Calf/shin       Ankle       Foot/toes         20. Have you ever had a stress fracture?       □       □         21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?       □       □         22. Do you regularly use a brace or assistive device?       □       □         23. Has a doctor ever told you that you have asthma       □       □	H	lead	Neck	Shoulder		Elbow	Forearm		Chee	st			provide the second provide the second		and the provide a possible of a standard standard and			
back back	π	Jpper	Lower	Hip		Knee	Calf/shin		Foot/	toes				8.3				
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22. Do you regularly use a brace or assistive device?        Image: Constraint of the second		21.						had										
23. Has a doctor ever told you that you have asthma								10 <del>.</del>										
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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
Signature of athlete\_\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

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