



Athletic Pre-Participation Physical Examination

PART 1: History (to be completed by student and parent or guardian)

Student Name: _____ Grade: _____ Birthdate: _____ Sex: M F

Address: _____ City: _____ Zip: _____

Sport(s): _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor's Name: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Health History (must be completed prior to examination)

Has this student had any history of:

- Yes No Hospitalization?
- Yes No Surgery other than removal of tonsils?
- Yes No Missing organs (eye, kidney, testicle)?
- Yes No Allergies (medicines, insects, food)?
- Yes No Chest pain or severe shortness of breath?
- Yes No Problems w/blood pressure or heart (heart murmur)?
- Yes No Dizziness or fainting with exercise?
- Yes No Severe or frequent headaches?
- Yes No Concussion or loss of consciousness?
- Yes No Heat exhaustion, heat stroke or other problems with heat?
- Yes No Mononucleosis, hepatitis, hemophilia?
- Yes No Diabetes?
- Yes No Seizures/convulsions?
- Yes No Dislocation of a joint?
- Yes No Catching or clicking of a joint?
- Yes No Broken bones/fractures?
- Yes No Stingers/burners or pinched nerves?
- Yes No Ulcers or hernias?
- Yes No Skin problems?
- Yes No Head injury?
- Yes No Neck or back injury?
- Yes No Chest injury?
- Yes No Shoulder/upper arm injury?
- Yes No Elbow/forearm injury?
- Yes No Hand, wrist or finger injury?
- Yes No Hip/thigh injury?
- Yes No Knee injury?
- Yes No Shin/calf injury?
- Yes No Ankle/foot injury?
- Yes No Has any family member or relative died of heart problems or of sudden death before age 50?

Date of last known Tetanus shot: _____

FEMALES ONLY

When was your first menstrual period? _____

When was your most recent menstrual period? _____

How much time do you usually have from the start of one period to the start of another? _____

How many periods have you had in the last year? _____

What was the longest time between periods in the last year?

Use this space to explain any "Yes" answers to the Health History questions and to list any other pertinent information:

PART 2:

I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above-named student should not participate and represent his or her school in supervised athletic activities.

PRINT Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell/Pager: _____

Email: _____

PART 3: Physical Examination (to be completed by examining physician)

	Normal	Abnormal (Describe)	Pulse _____
Eyes, Ears, Nose, Throat			BP _____
Skin			Height _____
Lungs			Weight _____
Heart			Visual Acuity:
Abdomen			R _____
Genitalia/Hernia (Males)			L _____

SUGGESTED MUSCULOSKELETAL EXAM

ROM/STRENGTH

Cervical

- NL AB Flex/Ext
- NL AB Rotation right/left
- NL AB Lateral flexion right/left

Thoracic/Lumbar

- NL AB Flex/Ext
- NL AB Rotation right/left
- NL AB Lateral flexion right/left
- NL AB Abdominals/Obliques

Shoulder

- NL AB Forward flexion/ext
- NL AB Abduction/Adduction
- NL AB Internal/Ext rotation
- NL AB Horizontal Abd/Add
- NL AB A-C Joint/Clavicle
- NL AB Stability Testing
- NL AB Biceps flex/ext
- NL AB Elbow supination/pronation
- NL AB Wrist/Hand

Hip

- NL AB Hip flexors/gluteals
- NL AB Add/Abd-groin/IT Band
- NL AB Int/Ext rotation

Knee

- NL AB Patellar tendon
- NL AB Tibial tuberosity
- NL AB MCL/LCL
- NL AB ACL/PCL
- NL AB Cartilage testing
- NL AB Quads/Hamstrings
- NL AB Gastroc/Soleus complex
- NL AB Patella crepitus
- NL AB Patella tracking

Ankle

- NL AB Plantar/Dorsiflexion
- NL AB Inversion/Eversion
- NL AB Subtalar joint
- NL AB Ligament Testing
- NL AB Feet/Toes

General Flexibility

- NL AB Hamstrings
- NL AB Quadriceps
- NL AB Lumbar spine
- NL AB Achilles

Describe Abnormals: _____

DISPOSITION:

Cleared for collision, contact and non-contact sports: Yes No

Conditional participation, limited to: _____

No participation until: _____

No participation in any sport or physical education because of: _____

Comments: _____

Physician's Signature: _____

Physician's Name: _____

License #: _____

Address: _____

Phone: _____

Date: _____

Doctor's Office Official Stamp

**** Not valid without stamp ****