Preparticipation Physical Evaluation
HISTORY FORM
(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam

Name __________________________ Date of birth __________________________

Sex ______ Age ______ Grade ______ School ______ Sport(s) ______

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

__________________________________________________________________________________
__________________________________________________________________________________

Do you have any allergies? □ Yes □ No If yes, please identify specific allergy below.
□ Medicines □ Pollens □ Food □ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No

2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections Other:

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

7. Does your heart ever race or skip beats (irregular beats) during exercise?

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:
   □ High blood pressure □ A heart murmur
   □ High cholesterol □ A heart infection
   □ Kawasaki disease
   □ Other:

9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

10. Do you get lightheaded or feel more short of breath than expected during exercise?

11. Have you ever had an unexplained seizure?

12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOU

Yes No

5. Have you ever had heart problems?

6. Have you ever had a heart attack?

7. Have you ever had a heart valve replacement?

8. Have you ever had a heart transplant?

9. Has anyone in your family had a heart condition?

10. Have you ever had a heart murmur?

11. Have you ever had a heart rhythm problem?

12. Have you ever had a heart infection?

13. Have you ever had a heart abnormality?

14. Have you ever had a heart condition?

15. Have you ever had a heart attack?

16. Have you ever had a heart valve replacement?

17. Have you ever had a heart transplant?

18. Have you ever had a heart rhythm problem?

19. Have you ever had a heart infection?

20. Have you ever had a heart abnormality?

21. Have you ever had a heart condition?

22. Have you ever had a heart attack?

23. Have you ever had a heart valve replacement?

24. Have you ever had a heart transplant?

25. Have you ever had a heart rhythm problem?

26. Have you ever had a heart infection?

27. Have you ever had a heart abnormality?

28. Have you ever had a heart condition?

29. Have you ever had a heart attack?

30. Have you ever had a heart valve replacement?

31. Have you ever had a heart transplant?

32. Have you ever had a heart rhythm problem?

33. Have you ever had a heart infection?

34. Have you ever had a heart abnormality?

35. Have you ever had a heart condition?

36. Have you ever had a heart attack?

37. Have you ever had a heart valve replacement?

38. Have you ever had a heart transplant?

39. Have you ever had a heart rhythm problem?

40. Have you ever had a heart infection?

41. Have you ever had a heart abnormality?

42. Have you ever had a heart condition?

43. Have you ever had a heart attack?

44. Have you ever had a heart valve replacement?

45. Have you ever had a heart transplant?

46. Have you ever had a heart rhythm problem?

47. Have you ever had a heart infection?

48. Have you ever had a heart abnormality?

49. Have you ever had a heart condition?

50. Have you ever had a heart attack?

51. Have you ever had a heart valve replacement?

52. Have you ever had a heart transplant?

53. Have you ever had a heart rhythm problem?

54. Have you ever had a heart infection?

55. Have you ever had a heart abnormality?

56. Have you ever had a heart condition?

57. Have you ever had a heart attack?

58. Have you ever had a heart valve replacement?

59. Have you ever had a heart transplant?

60. Have you ever had a heart rhythm problem?

61. Have you ever had a heart infection?

62. Have you ever had a heart abnormality?

63. Have you ever had a heart condition?

64. Have you ever had a heart attack?

65. Have you ever had a heart valve replacement?

66. Have you ever had a heart transplant?

67. Have you ever had a heart rhythm problem?

68. Have you ever had a heart infection?

69. Have you ever had a heart abnormality?

70. Have you ever had a heart condition?

71. Have you ever had a heart attack?

72. Have you ever had a heart valve replacement?

73. Have you ever had a heart transplant?

74. Have you ever had a heart rhythm problem?

75. Have you ever had a heart infection?

76. Have you ever had a heart abnormality?

77. Have you ever had a heart condition?

78. Have you ever had a heart attack?

79. Have you ever had a heart valve replacement?

80. Have you ever had a heart transplant?

81. Have you ever had a heart rhythm problem?

82. Have you ever had a heart infection?

83. Have you ever had a heart abnormality?

84. Have you ever had a heart condition?

85. Have you ever had a heart attack?

86. Have you ever had a heart valve replacement?

87. Have you ever had a heart transplant?

88. Have you ever had a heart rhythm problem?

89. Have you ever had a heart infection?

90. Have you ever had a heart abnormality?

91. Have you ever had a heart condition?

92. Have you ever had a heart attack?

93. Have you ever had a heart valve replacement?

94. Have you ever had a heart transplant?

95. Have you ever had a heart rhythm problem?

96. Have you ever had a heart infection?

97. Have you ever had a heart abnormality?

98. Have you ever had a heart condition?

99. Have you ever had a heart attack?

100. Have you ever had a heart valve replacement?

101. Have you ever had a heart transplant?

102. Have you ever had a heart rhythm problem?

103. Have you ever had a heart infection?

104. Have you ever had a heart abnormality?

105. Have you ever had a heart condition?

106. Have you ever had a heart attack?

107. Have you ever had a heart valve replacement?

108. Have you ever had a heart transplant?

109. Have you ever had a heart rhythm problem?

110. Have you ever had a heart infection?

111. Have you ever had a heart abnormality?

112. Have you ever had a heart condition?

113. Have you ever had a heart attack?

114. Have you ever had a heart valve replacement?

115. Have you ever had a heart transplant?

116. Have you ever had a heart rhythm problem?

117. Have you ever had a heart infection?

118. Have you ever had a heart abnormality?

119. Have you ever had a heart condition?

120. Have you ever had a heart attack?

121. Have you ever had a heart valve replacement?

122. Have you ever had a heart transplant?

123. Have you ever had a heart rhythm problem?

124. Have you ever had a heart infection?

125. Have you ever had a heart abnormality?

126. Have you ever had a heart condition?

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

Signature of athlete __________________________ Signature of parent/guardian __________________________ Date ____________


Page 3 of 4
PHYSICIAN REMINDERS
1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Does your heart feel like it’s going to “pop out” in your chest?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried 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 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 (questions 5–14).

EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>Pulse</td>
</tr>
<tr>
<td>Vision</td>
<td>L 20/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marfan stigma (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxty, myopia, MVP, aortic insufficiency)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/ears/nose/throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils equal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (males only)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSV, lesions suggestive of MRSA, linea corporis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSCULOSKELETAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/thigh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg/ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot/toes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duck-walk, single leg hop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Helpful Clinical Indicators for Evaluation

- Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
- Consider (6) exam if in private setting. Having third party present is recommended.
- 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 the 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 parents/guardians).

Name of physician (print/type) ___________________________ Date ________________

Address ___________________________________________ Phone ____________________

Signature of physician ____________________________