ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Evaluation Form (Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-					
Student's Name:Sex: M F (circle one) Age:		Sport(s):			
Sex: M F (circle one) Age:	Grade:	Date of Bi	rth:		
Address:					
City/State/Zip:		Home Pho	one:		
Address: City/State/Zip: School: Parent/Guardian's Full Name:		District: _			
Parent/Guardian's Full Name:					
- EXAMI	NING PHYSICIAL	N/PROVIDER CONTA	ACT INFORM	ATION-	
If conducted by school physician check h	ere 🗆				
Name:		Phone:		Fax:	
Address:		City/State/Zip:			
			ATION		
	- FINDINGS	OF PHYSICAL EVALU	ATION-		
Height: Weig	jht:	Blood Pressure: _		Pulse:bpm.	
Vision: R 20/ L 20/	Corrected: Y/N	Contacts: Y/	N Glas	ses: Y/N	
INDICATORS	NORMAL?	ABN	IORMAL FIN	DINGS/COMMENTS	
Constal Appearance	YES				
General Appearance	YES				
Head/Neck Eyes/Sclera/Pupils	YES				
Ears	YES				
Gross Hearing	YES				
Nose/Mouth/Throat	YES				
Lymph Glands	YES				
Cardiovascular	YES				
Heart Rate	YES				
Rhythm	YES				
Murmur	ABSENT				
If murmur present		Standing makes it:	Louder	Softer	No Change
II IIIdilliai pieseik	engine reports and and the	Squatting makes it:	Louder	Softer	No Change
		Valsalva makes it:	Louder	Softer	No Change
Femoral Pulses	YES				
Lungs: Auscultation/Percussion	YES				
Chest Contour	YES				
Skin	YES				
Abdomen (liver, spleen, masses)	YES			كالروازاية المراثا	
Assessment of physical maturation or Tanner Scale	YES				
Testicular Exam (Males Only)	YES				
Neck/Back/Spine:	YES				
Range of Motion	YES				
Scoliosis	ABSENT				
	YES				
Upper Extremities: (ROM, Strength, Stability)					
Lower Extremities: (ROM, Strength, Stability)	YES				
Neurological: Balance & Coordination	YES				
Hernia	ABSENT				
Evidence of Marfan Syndrome	ABSENT				

Most recent immunizations and dates administered:			
	lane and frequency		
Medications currently prescribed, with o	Dosage	Frequency	
Medication Name	Dosage	requeriey	
Additional observations:			
General Diagnosis:			
General Recommendations:			

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

Afte	r exami	ning the student and reviewing the med	lical history the student is:	
	A.	Cleared for participation in all sports without restrictions.		
	В.	Not cleared for participation in any spor	t until evaluation/treatment of:	
	C.	Cleared for limited participation in the following types of sports only. Please see below for sport classifications. CHECK ALL THAT APPLY		
			NON COLUMNICATION IN IOLIO	
		CONTACT/COLLISION LIMITED CONTACT	NON-CONTACT/STRENUOUS NON-CONTACT/NON-STRENUOUS	

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan's Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

Contact/Collision	Limited Contact	Non-Con	ntact	
		Strenuous	Non-strenuous	
Basketball	Baseball	Discus	Bowling	
Diving	Cheerleading	Javelin	Golf	
Field Hockey	Fencing	Shot put		
Football	High Jump	Rowing		
Ice Hockey	Pole vault	Running/Cross Country		
Lacrosse	Gymnastics	Strength Training		
Soccer	Skiing	Swimming		
Wrestling	Softball	Tennis		
	Volleyball	Track		

Effects of physiologic maneuvers on heart sounds

Increases murmur of HCM Standing

Decreases murmur of AS, MR

MVP click occurs earlier in systole

Squatting

Increases murmur of AS, MR, AI

Decreases murmur of MCH

MVP click delayed

Valsalva

Increases murmur of HCM Decreases murmur of AS, MR

MVP click occurs earlier in systole

HCM: Hypertrophic Cardio Myopathy

AS: AI:

Aortic Stenosis Aortic Insufficiency Mitral Regugitation

MR:

MVP: Mitral Valve Prolapse

Physical Stigmata of Marfan's Syndrome

Kyphosis

High arched palate

Pectus excavatum

Arachnodactyly

Arm span > height 1.05:1 or greater

Mitral Valve Prolapse Aortic Insufficiency

Myopia

Lenticular dislocation

HISTORY REVIEWED AND STUDENT EXAMIN	ED BY: Physician's/Provider's Stamp:
Primary Care Provider School Physician Provider License Type: MD/DO APN PA	
PHYSICIAN'S/PROVIDER'S SIGNATURE:	
Today's Date:	Date of Exam:
RESERVED FO	OR SCHOOL DISTRICT USE
approval or disapproval of the student's participation the notification letter become part of the student's sch	
History and Physical Reviewed By:	Date:
Title of Reviewer (please check one):	chool Nurse School Physician
Medical Eligibility Notification Sent to Parent/Guardia	n by School Physician Date
Letter of notification is attached.	
OR	
Parent notification indicates that:	
Participation Approved without limitations.	
Participation Approved with limitations pending eva	luation.
Participation NOT Approved	
Reason(s) for Disapproval:	