

▪ **Preparticipation Physical Evaluation Physical Examination Form**

Circle one: CHS JHN JHS FA-Red FA-White GRADE (2016-2017): 7 8 9 10 11 12

Name: _____ Date of Birth: _____

Sport(s) Played: _____

Examination									
Height	Weight	Male	Female						
BP / (/)	Pulse	Vision	R20/	L20/	Corrected	Y	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 (males only) ^b									
Skin * HSV, Lesions Suggestive of MRSA, tinea corporis									
Neurologic ^c									
Musculoskeletal									
Neck									
Back									
Shoulder/arm									
Elbow/arm									
Wrist/hand/fingers									
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes									
Functional * Duck-walk, single leg hop									

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

CLEARED for all sports without restrictions

Cleared for all sports without restrictions with recommendation 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 the CPS Athletic Training office and can be made available by 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 parent/guardians).

Name of physician (print/type) _____ Date: _____

Address _____ Phone: _____

Signature of physician _____, MD or DO