### Preparticipation Physical Evaluation Physical Examination Form

Circle one:  CHS  JHN  JHS  FA-North  FA-South  GRADE:  7  8  9  10  11  12

Name:_________________________________________________________ Date of Birth:__________________________

Cabot Team(s):_____________________________________________________________________________________

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<th>Male</th>
<th>Female</th>
<th>BP</th>
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<th>Pulse</th>
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**Medical**

- **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**
  
  * Murmurs (auscultation standing, supine, +/-, Valsalva)
  
  * Location of point of maximal impulse (PMI)

- **Pulses**
  
  * Simultaneous femoral and radial pulses

- **Lungs**

- **Abdomen**

- **Genitourinary (males only)**

- **Skin**
  
  * HSV, Lesions Suggestive of MRSA, tinea corporis

- **Neurologic**

- **Musculoskeletal**

- **Neck**

- **Back**

- **Shoulder/arm**

- **Elbow/arm**

- **Wrist/hand/fingers**

- **Hip/thigh**

- **Knee**

- **Leg/ankle**

- **Foot/toes**

- **Functional**

  * Duck-walk, single leg hop

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

*Consider GU 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 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

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