This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Sport(s):
How do you identify your gender? (F, M, or other):
ical procedures.
ptions, over-the-counter medicines, and supplements (herbal and nutritional).
our allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been bo	othered by any of	the following prob	lems? (Circle response.)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of ≥3 is considered positive on either	subscale [questior	ns 1 and 2, or que	stions 3 and 4] for scre	ening purposes.)

(Ехр	IERAL QUESTIONS lain "Yes" answers at the end of this form. e questions if you don't know the answer.)	Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

	RT HEALTH QUESTIONS ABOUT YOU NTINUED)	Yes	No
9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10.	Have you ever had a seizure?		
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

	IE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	No
1.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that			25. Do you worry about your weight?26. Are you trying to or has anyone recommended		
	caused you to miss a practice or game?			that you gain or lose weight?		
5.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		
۸EC	OICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		
5.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	No
	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			29. Have you ever had a menstrual period? 30. How old were you when you had your first menstrual period?		<u></u>
3.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			31. When was your most recent menstrual period?		
7.	Do you have any recurring skin rashes or			32. How many periods have you had in the past 12 months?		
	rashes that come and go, including herpes or			moning.		
	methicillin-resistant Staphylococcus aureus (MRSA)?			Explain "Yes" answers here.		
	• •			Explain "Yes" answers here.		
	(MRSA)? Have you had a concussion or head injury that caused confusion, a prolonged headache, or			Explain "Yes" answers here.		
1.	(MRSA)? Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or			Explain "Yes" answers here.		
22.	(MRSA)? Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? Have you ever become ill while exercising in the			Explain "Yes" answers here.		

and correct. Signature of athlete: ___

Signature of parent or guardian:

No

No

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PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: Date of birth:

PHYSICIAN REMINDERS

- 1. Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-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-enhancing 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 (Q4-Q13 of History Form).

EXAM	AOITANII												
Height	:			Weight:									
BP:	/	(/)	Pulse:		Visi	ion: R 20/		L 20/	Co	orrecte	ed: 🗆 Y	□N
MEDIO	CAL											NORMAL	ABNORMAL FINDING
	arfan stigi					alate, pectus insufficiency	excavatum, y)	arachno	dactyly, hy	perlaxity,	,		
	pils equal	e, and thro	at										
Lymph	nodes												
		uscultation	stand	ing, auscult	ation sup	ine, and ± \	Valsalva mar	neuver)					
Lungs											\rightarrow		
			HSV),	lesions sugg	gestive of	methicillin-	resistant <i>Sta</i> j	phylococo	cus aureus	(MRSA),	or		
Neuro	logical												
MUSC	ULOSKE	.ETAL										NORMAL	ABNORMAL FINDING
Neck													
Back													
Should	der and a	rm											
Elbow	and fore	arm											
Wrist,	hand, an	d fingers											
Hip ar	nd thigh												
Knee													
Leg an	ıd ankle												
Foot a	nd toes												
Function Do		squat test,	single-	·leg squat te	est, and b	oox drop or	step drop te	st					
	der electro	ocardioara	nhv (I	CG) echoc	cardiogra	anhy roforre	al to a cardic	ologist for	abnormal	cardiac	histor	y or exami	nation findings, or a comb
	of those.	J	יי לייקי	2007, 001100	O	арпу, гегепт	ar io a caraic	Ü					•
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The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELICIDILITY FORM

Name:	Data of high.	
☐ Medically eligible for all sports without restriction	Date of birth:	
☐ Medically eligible for all sports without restriction with recommendations for full	rther evaluation or treatment of	_
☐ Medically eligible for certain sports		_
 □ Not medically eligible pending further evaluation □ Not medically eligible for any sports 		_
Recommendations:		_
I have examined the student named on this form and completed the prep apparent clinical contraindications to practice and can participate in the examination findings are on record in my office and can be made availarise after the athlete has been cleared for participation, the physician m and the potential consequences are completely explained to the athlete (a	sport(s) as outlined on this form. A copy able to the school at the request of the par- acy rescind the medical eligibility until the	of the physical ents. If conditions
Name of health care professional (print or type):	Date:	
Address:	Phone:	
Signature of health care professional:		, MD, DO, NP, or PA
SHARED EMERGENCY INFORMATION		
Allergies:		
Medications:		<u> </u>
Other information:		_
Cinci information.		_
Emergency contacts:		

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