

SHORE REGIONAL HIGH SCHOOL
■ PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____ Grade: _____

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, 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 yo 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		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP: / (/)	Pulse:	Vision: R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> 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/forearm		
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.

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PHYSICAL EXAMINATION FORM (pg. 2)
CLEARANCE FORM

Name: _____ Sex: M F Age: _____ Date of birth: _____

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

EMERGENCY INFORMATION

Allergies _____ Needs epi-pen

Medications / Recent Immunizations and date administered

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).

Provider License type: MD/DO
 APN (Advanced Practice Nurse)
 PA (Physician Assisant)

PROVIDER'S STAMP:

Provider's Signature: _____

Today's Date: _____ Date of Exam: _____

Completed Cardiac Assessment Professional Development Module

Date: _____ Signature: _____