

Pre-Participation Physical Evaluation

Name: _____ DOB: _____ Sport(s): _____

Examination			
Height	Weight	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
BP /	Pulse	Vision: R 20/	L 20/ <input type="checkbox"/> Y <input type="checkbox"/> N
Medical	Normal	Abnormal Findings	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnoidactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils • Hearing			
Lymph Nodes			
Heart • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin • HSV, lesions suggestive of MRSA, tinea corporis, etc.			
Neurologic			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			
Functional • Duck walk, single leg hop			

Has athlete ever been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder?
Yes No If answered yes, please list the date diagnosed, diagnosis, and name of physician.

If you currently are taking any medications for ADHD or ADD please list medications and dosage.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not Cleared

Reason: _____

Recommendations: _____

Signature of Physician _____, MD or DO **Date** _____

Address _____ **Phone** _____