## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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 supple Have you ever taken any supplements to help you gain or lose weight or imp Do you wear a seat belt, use a helmet, and use condoms? Consider reviewing questions on cardiovascular symptoms (questions 5–14).	ement? prove your perf	ormance?				
EXAMINATION		Andrews and the			tana ng pagangana	
Height Weight	□ Male □	Female			4417 1/42112-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
BP / ( / ) Pulse	Vision R 20.		L 20/	Corrected □ Y [	□ N	
MEDICAL  Appearance  Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodar arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	ictyly,	NORMAL	A PART OF A PART OF THE PART O	ABNORMAL FINDINGS	ngili kabupaten garan dan dan dan dan dan dan dan dan dan d	
Eyes/ears/nose/throat Pupils equal Hearing			-			
Lymph nodes						
Heart*  • Murmurs (auscultation standing, supine, +/- Valsalva)  • Location of point of maximal impulse (PMI)				The state of the s		
Pulses  • Simultaneous femoral and radial pulses  Lungs						
Abdomen						
Genitourinary (males only) <sup>b</sup>						
Skin  HSV, lesions suggestive of MRSA, tinea corporis  Neurologic®					*	
MUSCULOSKELETAL		STATE OF THE PROPERTY.			Tanking party were not	
Neck	to the transfer designs to place the pro-	more a thomas of the debacks as a visit	1.87.56.28 STR (Separate as a mail page	SE SUPERIOR SET PER EXTENSE OF THE	S. William Associated Association	
Back						
Shoulder/arm Elbow/forearm						
Wrist/hand/fingers						
Hip/thigh						
Кпее				<del>"</del>		
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 restriction  Cleared for all sports without restriction with recommendations for further evaluation of	or treatment for					
☐ Not cleared						
☐ Pending further evaluation						
☐ For any sports						
☐ For certain sports						
Reason						
ecommendations						
have examined the above-named student and completed the preparticipation phys articipate in the sport(s) as outlined above. A copy of the physical exam is on recor rise after the athlete has been cleared for participation, a physician may rescind the the athlete (and parents/guardians).	rd in my office e clearance unt	and can be made i il the problem is ro	available to the schoo esolved and the potent	at the request of the pare lat consequences are com	ents. If conditions pletely explained	
lame of physician, advanced practice nurse (APN), physician assistant (PA) (print/t	type)			Date		
ess				Phone		
Signature of physician, APN, PA						
2010 American Academy of Family Physicians, American Academy of Pediatrics, America ociety for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permi 19503	an College of Sp ission is granted	orts Medicine, Amer I to reprint for nonc	ican Medical Society for ommercial, educational	Sports Medicine, American ourposes with acknowledgn	Orthopaedic nent.	

\_\_ Date of birth \_

## M PREPARTICIPATION PHYSICAL EVALUATION

## **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		
Other Information		
	***************************************	
I have examined the above-named student and completed clinical contraindications to practice and participate in the and can be made available to the school at the request of the physician may rescind the clearance until the problem (and parents/guardians).	sport(s) as outlined above. A copy of the he parents. If conditions arise after the at	physical exam is on record in my office the characteristic in the
Name of abusiness advanced was the same (170)	stone (DA)	N. S.
Name of physician, advanced practice nurse (APN), physician assis	· •	
Address Signature of physician A DNI DA		
Signature of physician, APN, PA		
Completed Cardiac Assessment Professional Development Module		
Date Signature		

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