■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM (FOR COMPLETION ASSISTED OR UNASSISTED BY STUDENT AND PARENTS)

Note: Complete and sign this form (with your parents in Name:								
Date of examination:	Sport(s):							
Sex at birth (F, M):								
Have you had COVID-19? (check one): □ Y □ N								
lave you been immunized for COVID-19? (check one): \Box Y \Box N If yes, have you had: \Box One shot \Box Two shots \Box Three shots \Box Booster date(s)								
List past and current medical conditions.								
Have you ever had surgery? If yes, list all past surgical	procedures							
Medicines and supplements: List all current prescription	ons, over-the-cou	unter medicines, a	nd supplements (herbal	and nutrition	al).			
Do you have any allergies? If yes, please list all your	allergies (ie, med	dicines, pollens, fo	ood, stinging insects).					
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been both	nered by any of t	he 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	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 su	bscale [questions	s 1 and 2, or ques	stions 3 and 4] for scree	ening purpose	s.)			
GENERAL QUESTIONS		HEART HEALTH QU	ESTIONS ABOUT YOU					

(Ехр	IERAL QUESTIONS lain "Yes" answers at the end of this form. Circle stions 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.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
Do you get light-headed or feel shorter of breathan your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	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?			

BONE AND JOINT QUESTIONS				MEDICAL QUESTIONS (CONTINUED)				
14. Have you ever had a stress fracture or an injury to a				25. Do you worry about your weight?				
	bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			26. Are you trying to or has anyone recommended that you gain or lose weight?				
15.	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?				
ME	DICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?				
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			MENSTRUAL QUESTIONS N/A 29. Have you ever had a menstrual period?	Yes			
17.	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			30. How old were you when you had your first menstrual period?	T			
18.	Do you have groin or testicle pain or a painful bulge			31. When was your most recent menstrual period?				
	or hernia in the groin area?	_		32. How many periods have you had in the past 12 months?				
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			Explain "Yes" answers here.				
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?							
21.	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?							
22.	Have you ever become ill while exercising in the heat?							
23.	Do you or does someone in your family have sickle cell trait or disease?							
	Have you ever had or do you have any problems							

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This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name:					Da1	te of birth	າ:			
PHYSICIAN R	EMIN DERS									
 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? Consider reviewing questions on cardiovascular symptoms (Q4—Q13 of History Form). 						This form should be placed athlete's medical file and since the shared with schools sports organizations.				
EXAMINAT	ION									
Height:			Weight:							
BP: /	(/)	Pulse:	Vision: R 20/	L 20/	Correct	ed: 🗆 Y 🛚	1		
MEDICAL							NORMAL	ABNORMAL	FINDINGS	
mitral valve Eyes, ears, nosco	ve prolapse [M e, and throat		high-arched palate nd aortic insufficience	e, pectus excavatum, arachnodactyl y)	y, hyperlaxity, myopia,	,				
Hearing										
Lymph nodes										
Heart ^a • Murmurs (auscultation sta	ınding,	auscultation supine	, and ± Valsalva maneuver)						
Lungs										
Abdomen										
Skin Herpes sim	plex virus (HSV),	lesions	suggestive of methici	illin-resistant <i>Staphylococcus aureus</i> (N	IRSA), or tinea corporis					
Neurological										
MUSCULOSI	KELETAL						NORMAL	ABNORMAL	FINDINGS	
Neck										
Back										
Shoulder and a										
Elbow and fore										
Wrist, hand, a	nd tingers					+				
Hip and thigh Knee										
Leg and ankle						+				
Foot and toes						+				
	squat test, single	e-leg sq	uat test, and box dro	op or step drop test						
a Consider electro	ocardiography ((ECG),	echocardiography, r	referral to a cardiologist for abnorma	ıl cardiac history or ex	amination f	indings, or a (ombination of t	hose.	
Address:										
Phone:										
Signature of hea	Ith care profess	ional: _						, MD, D	O, NP, or PA	

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