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 examination.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name:	Date of birth:
DUVCICIAN DEMINDEDC	

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. Conside	reviewi	ng que	estions	on cardiov	ascular symp	otoms (Q4–Q13 of	f History F	form).				
EXAMINATI	ON											
Height:				Weight:								
BP: /	(/)	Pulse:		Vision: R 20/		L 20/	Corre	ected:	□Y	□N
COVID-19	/ACCINE											
Previously re	ceived C	OVID-	19 vc	accine: 🗆 🗅	/ 🗆 N							
						N If yes: □ First	dose 🗆	Second dose	□ Third	dose 🗆	Boos	ter date(s)
MEDICAL										NO	RMAL	ABNORMAL FINDINGS
Appearance Marfan s myopia,	tigmata (kypho lve pro	scolic olapse	osis, high-ard e [MVP], and	:hed palate, l aortic insuf	pectus excavatum ficiency)	, arachno	dactyly, hype	erlaxity,			
Eyes, ears, rPupils eqHearing		throat	t									
Lymph node	5											
Heart ^a • Murmurs	(ausculta	ation st	tandir	ng, auscultat	ion supine, c	and ± Valsalva ma	ineuver)					
Lungs												
Abdomen												
Skin • Herpes s tinea cor		rus (HS	SV), le	esions sugge	stive of meth	nicillin-resistant <i>Sta</i>	phylococ	cus aureus (N	MRSA), or			
Neurologico	l											
MUSCULOS	KELETAL									NO	RMAL	ABNORMAL FINDINGS
Neck												
Back												
Shoulder an	d arm											
Elbow and f	orearm											
Wrist, hand,	and fing	jers										
Hip and thig	h											
Knee												
Leg and ank	le											
Foot and toe	s											
Functional Double-le	eg squat	test, sii	ngle-l	eg squat test	, and box d	rop or step drop te	est					
° Consider ele nation of the Name of heal	se.		•		• . ,		ologist for	abnormal co	ardiac his	tory or		nation findings, or a combi- ate:
Address:	care p	. 0.0331	- Circle		···				F	Phone:		ле
Signature of h	ealth car	e prof	ession	nal:					_	_		, MD, DO, NP, or P

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