

Student's School District PHYSICAL EXAMINATION

Name Student's Name	Gender Student Gender	Birthdate Student's DOB
<p>PHYSICIAN REMINDERS:</p> <p>1. Consider additional questions on more sensitive issues</p> <ul style="list-style-type: none"> -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 taken any supplements to help you gain or lose weight or improve your performance? <p style="margin-left: 20px;">-Do you drink alcohol or use any other drugs?</p> <ul style="list-style-type: none"> -Have you ever taken anabolic steroids or used any other performance supplement? -Have you ever tried cigarettes, chewing tobacco, snuff or dip? -During the past thirty (30) days, di you use chewing tobacco, snuff or dip? -Do you wear a seat belt, use a helmet and/or use condoms? <p>2. Consider reviewing questions on cardiovascular systems (questions 5-14).</p>		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
*Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span greater than 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	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional		
~Duck-walk, single leg hop		

*a - Consider ECG, echocardiogram and referral to cardiology for abnormal cardiac history or exam.
 b - Consider GU exam if in private setting. Having third party present is recommended.
 c - Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.*

<input type="checkbox"/> Cleared for all sports without restriction <input type="checkbox"/> Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____	
<input type="checkbox"/> Not Cleared:	<input type="checkbox"/> Pending further evaluation Reason: _____ <input type="checkbox"/> For any sports Recommendations: _____ <input type="checkbox"/> For certain sports _____
<p>I have examined the above named student and completed the pre-participation physical examination. The athlete does not present apparent clinical contradictions to practice and participation 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 parent(s)/guardian(s). If conditions arise after that 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 parent(s)/guardian(s).</p>	
Physician Name _____	Address <div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block;"></div>
Physician Phone _____	
Physician Signature _____	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> ARNP <input type="checkbox"/> PA Date: _____