**Preparticipation Physical Evaluation**

**Physical Examination Form**

Department of Sport and Exercise

Phone: 518-255-5127  Fax: 518-255-5828

Name: ___________________________  Date of birth __________________

**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 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. Consider reviewing questions on cardiovascular symptoms.

<table>
<thead>
<tr>
<th><strong>Examination</strong></th>
<th><strong>Height:</strong></th>
<th><strong>Weight:</strong></th>
<th>□ Male</th>
<th>□ Female</th>
</tr>
</thead>
</table>

### Medical

- **Appearance**
  - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperfaxy, myopia, MVP, aortic insufficiency)

- **Eyes/ears/nose/throat**
  - Pupils equal
  - Hearing

- **Lymph nodes**

- **Heart**
  - Murmurs (auscultation standing, supine, +/- Valsalva)
  - Location of point of maximal impulse (PMI)

- **Pulses**
  - Simultaneous femoral or radial pulses

- **Lungs**

- **Abdomen**

- **Genitourinary (males only)**

- **Skin**
  - HSV, lesions suggestive of MRSA, tinea corporis

- **Neurologic**
### Musculoskeletal Findings

<table>
<thead>
<tr>
<th>Musculoskeletal</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td></td>
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<tr>
<td>Back</td>
<td></td>
<td></td>
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<tr>
<td>Shoulder/arm</td>
<td></td>
<td></td>
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<tr>
<td>Elbow/forearm</td>
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<tr>
<td>Wrist/hand/fingers</td>
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<tr>
<td>Hip/thigh</td>
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<tr>
<td>Knee</td>
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<tr>
<td>Leg/ankle</td>
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<tr>
<td>Foot/toes</td>
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<tr>
<td>Functional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Duck-walk, single leg hop</td>
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</tr>
</tbody>
</table>

- Clear for all sports without restriction
- Clear 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______________________________________________________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the 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.

Name of physician (print/type)__________________________ Date of Exam______________
Address_______________________________________________ Phone____________________
Signature of physician____________________________________________________, MD or DO

**Physician Stamp**