## B PREPARTICIPATION PHYSICAL EVALUATION

Date of birth

## PHYSICAL EXAMINATION FORM

## PHYSICIAN REMINDERS

Name

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arm span > Eyss/ears/nose Pupils equal Hearing Lymph nodes Heart* Murmurs (at Location of pulses Simultaneou Lungs Abdomen Genitourinary (n Skin Hesions Neurologic 5	height, hype solution is point of max us femoral ar males only) <sup>b</sup> suggestive	ntaxity, my tanding, si mal impul nd radial pu of MRSA, ti	upine, +/- se (PMI) ulses	Valsalv	Insufficiency)	avatum, arachno	er territori A sensiti	2-7-7-3-3						
Functional														
Duck-walk, s	single leg ho	p												
*Consider ECG, eche *Consider GU exam  *Consider cognitive  Cleared for al	If in private se evaluation or t il sports with	tting. Having aseline neu out restric	third party ropsychiatri tion	present ic testing	is recommende g if a history of s	ed. significant concussio		nt for						
☐ Not cleared														
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I have examined participate in the tions arise after explained to the	i the above- e sport(s) a the athlete athlete (an	has been d parents/	cleared.i /guardiar	or pari	or the physic delpation, the	ai exam is on re e physician may	rescind the	office and can b clearance until	e made a I the probl	vallable to the : lem is resolved	school at the and the pote	request of ti ntial conseq	he parents. It wences are c	f condi- completely
Address	and the dist													
Signature of phys								•						MD or DO
© 2010 American	Academy of	Family Ph	ysicians,	Americ	an Academy o	of Pediatrics, Ame	erican College	of Sports Medic	ine, Amen	ican Medical Soc	lety for Sport	Medicine, A	merican Ortho	opaedic

Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

## PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM



Name	Sex LI M LI F Age Date of Dirth
☐ Cleared for all sports without restriction	
☐ Cleared for all sports without restriction with recommendations fo	r further evaluation or treatment for
	201 February 201 State Control of the Control of th
□ Not cleared	
☐ Pending further evaluation	
☐ For any sports	
☐ For certain sports	Build C. ett C.
Recommendations	
	Meantain that All Area and Area and All Area and Area and All Area and
	Andrew to accompanies and the second admits additional
	Birth entryal breaking two
clinical contraindications to practice and participate in the	d the preparticipation physical evaluation. The athlete does not present apparent e sport(s) as outlined above. A copy of the physical exam is on record in my office the parents. If conditions arise after the athlete has been cleared for participation, n is resolved and the potential consequences are completely explained to the athlete
(and parents/guardians).	
Name of physician (print/type)	Date
	Phone
	, MD or D0
Signature or physician	
EMERGENCY INFORMATION	
Allergies	
Altergies	10 miles (10 mil
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Other information	Military and province Committee of the province Committee of Committee of the Committee of Commi
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