

## PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Name		Sport	DOB					
_	(Last, First, Middle Initial)	<u> </u>	<u> </u>					
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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?

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?

 $\underline{\textbf{2. Consider reviewing questions on cardiovascular symptoms (questions 12-19)}\\$ 

EXAMINATION							
Height	Weight		Male Fema	ale			
BP / ( / )	Pulse	Vision R 20/	L 20/	Corrected Yes No			
MEDICAL			NORMAL	ABNORMAL FINDINGS			
Appearance							
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, MVP, aortic insufficiency)							
Eyes/ears/nose/throat							
Pupils equal							
Hearing							
Lymph Nodes							
Heart <sup>a</sup>							
Murmurs (auscultation standing, supine, +/- Valsalva							
Location of point of maximal impulse (PMI)							
Pulses							
Simultaneous femoral and radial pulses							
Lungs							
Abdomen							
Genitourinary (Male) <sup>b</sup>							

Skin

HSV, lesions suggestive of MRSA, tinea corporis