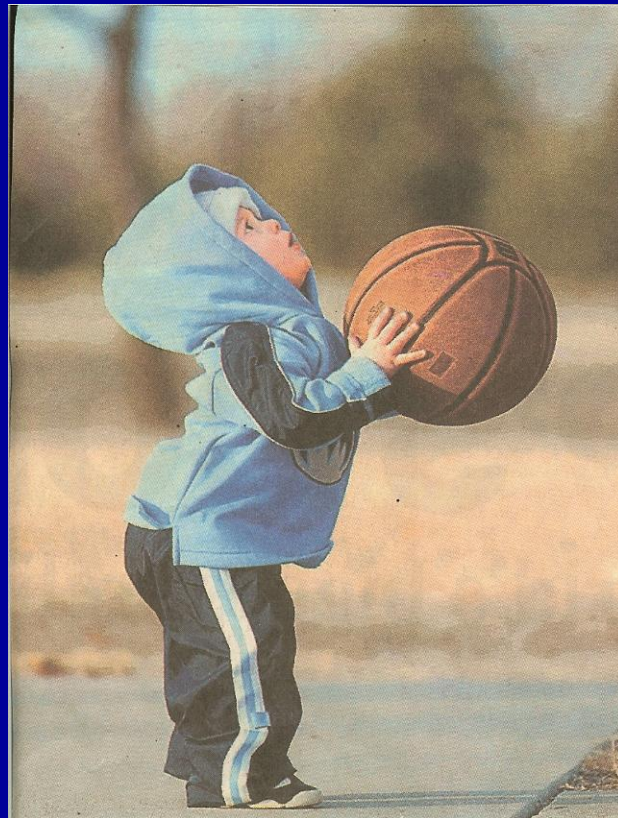


Preparticipation Sports Physical

Stacie Gereb, D.O., FAAP



Disclosures

- I have no disclosures or financial relationships

- Goal: Promote the health and safety of athletes in training and competition
- Purpose: To facilitate and encourage safe participation, not to exclude athletes from participating
- Screening tool for injuries, illness or factors that may place the athlete or others at risk for preventable illness or injury
- It is not intended to substitute for regular WCC. But for many athletes, it is the only periodic health exam they have.

Objectives

- Primary Objectives
 - Screen for conditions that may be life-threatening or disabling
 - Screen for conditions that may predispose to injury or illness
 - Meet administrative requirements which vary from state to state

- Secondary Objectives
 - Determine general health
 - Serve as an entry point to the healthcare system for adolescents
 - Provide opportunity to initiate discussion on health-related topics
- Timing: At least 6 weeks prior to preseason practice.

- Frequency:
 - A comprehensive PPE every 2 years in younger athletes and 2-3 years in older athletes
 - Annual updates with comprehensive history questionnaire, height, weight, BP, BMI, and a problem focused examination of any concern detected in the history

Methods of Evaluation

- Office-Based (Ideal Setting)
 - Advantages
 - Performed by the athlete's PCP
 - Physician knows the athlete's medical and family histories (including labs, immunizations)
 - Physician-patient familiarity
 - Privacy that allows a physician able to counsel the athlete concerning sensitive issues
 - Provide athlete's regular maintenance exam
 - Physician able to refer to the appropriate specialist

- Office-Based

- Disadvantages

- Many athlete's don't have a PCP
 - A physician with a busy schedule may not be able to find time to do a sports physical
 - Not all physicians have the interest or familiarity of sports and their related medical problems
 - Cost of an office visit
 - May not have communication between the physician, athlete, parents and coaches

- Coordinated Medical Team Approach
 - Advantages
 - Cost effective and efficient
 - Use the skills and expertise of a variety of people including PCP, ortho, team doc, PT...
 - Encourages communication among the athlete, coaches, parents, administrators, and medical team which fosters good relationships and improves health care

– Disadvantages

- May be hard to ensure privacy
- Possible compromise of continuity of care because of difficulty coordinating follow-up and appropriate referrals to specialists
- May be limited by lack of time
- Dependent on accuracy of health history

Stations

- Waiting Area: Register, complete forms
- Height, weight, BMI, BP
- Visual Acuity (Snellen Chart)
- History review, PE, Assessment, and Clearance should be done by 1 physician for one athlete

- Optional Stations: Ortho, Cardiology
Nutrition, Dental, Injury eval, Flexibility,
Body composition, Strength and speed,
Agility, Power endurance, Balance
- Gymnasium or large space examinations
No longer recommended
- Settings: Private office or other private
setting

History

- Complete history will provide 88% of medical conditions and 67% of orthopedic problems
- Most accurate and detailed information is obtained when the history form is complete by the athlete and parent or guardian before the physical
- It is not possible to achieve a zero-risk circumstance
- Review the history in a private setting
- Any positive responses on the history form should prompt further questions.

General Questions

- Is the patient taking any prescription or OTC medicines?
- Any allergies to medicines?
- Has a doctor ever denied or restricted the patient's participation in sports?
- Do you have any on going medical conditions: asthma, anemia, diabetes, infections?
- Have you spent the night in the hospital?
- Have you ever had surgery?

Heart Health Questions

- Have you passed out or nearly passed out DURING or AFTER exercise?
- Any chest pain, discomfort, tightness or pressure during exercise?
- Any racing of the heart or skipping beats during exercise?
- Any history of high cholesterol, high blood pressure, heart murmur, Kawasaki disease, or heart infection?

- Has a doctor ever ordered a test of your heart? (ECG/EKG, ECHO)?
- Do you get lightheaded or feel shortness of breath during exercise?
- Have you ever had an unexplained seizure?
- Do you get more tired or short of breath more quickly than your friends?

Family History Heart Health

- Has any family died of heart problems or had an unexpected or unexplained death before 50 years of age (drowning, unexplained car accident, or sudden infant death syndrome)?
- Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, long QT syndrome, arrhythmia or irregular heart beat?
- Does anyone have a heart problem or implantable defibrillator or pacemaker?
- Has anyone had unexplained fainting, seizures, or near drowning?

Bone and Joint Questions

- Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or game?
- Have you ever had any broken or fractured bones or dislocated joints?
- Have you ever had an injury that required X-rays, MRI, CT scan, injections, therapy, a brace, cast or crutches?
- Have you ever had a stress fracture?

- Have you ever been told that you have or had an X-ray for neck instability or atlantoaxial instability? (Down syndrome, Dwarfism)
- Do you regularly use a brace, orthotics, or other assistive device?
- Do you have a bone, muscle or joint that bothers you?
- Do any of your joints become painful, swollen, feel warm or look red?
- Do you have a history of or juvenile arthritis or connective tissue disease?

Other Questions

- Do you cough, wheeze or have difficulty breathing during or after exercise?
- Have you ever used an inhaler or taken asthma medication?
- Is there a family history of asthma?
- Were you born without or are you missing a kidney, an eye, a testicle, your spleen or other organ?

- Do you have groin pain or a painful bulge or hernia in the groin area?
- Have you had infectious mononucleosis within the last month?
- Do you have any rashes, pressure sores, or other skin problems?
- Have you had a herpes or MRSA skin infection?

- Have you ever had a head injury or concussion?
- Have you every a hit or blow to the head that caused confusion, prolonged headache or memory problems?
- Do you have a history of seizure disorder?
- Do you have headaches with exercise?

- Have you had numbness, tingling or weakness in your arms or legs after being hit or falling?
- Have you ever been unable to move your arms or legs after being hit or falling?
- Have you ever become ill while exercising in the heat?
- Do you get frequent muscle cramps when exercising
- Do you or someone in your family have sickle cell trait or disease

- Do you have any problems your eyes or vision?
- Have you had any eye injuries?
- Do you wear eye glasses or contacts?
- Do you wear protective eye wear such as goggles or a face shield?

- Do you worry about your weight?
- Are you trying to or has anyone suggested you lose or gain weight?
- Are you on a special diet or do you avoid certain types of foods?
- Have you ever had an eating disorder?
- Do you have any concerns that you would like to discuss with a doctor?

Females Only

- Have you ever had a menstrual period?
- How old were you when you had your first menstrual period?
- How many periods have you had in the last 12 months?

Physical Exam

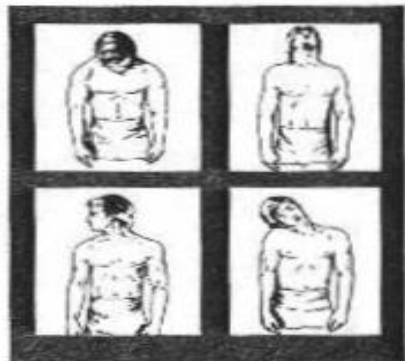
- Height, Weight, BMI, BP, Pulse, Visual acuity
- Appearance: Marfan stigmata
- Eyes/ears/throat: Pupils equal, hearing
- Lymph nodes
- Heart: Rate, Rhythm, Murmur (auscultate standing and supine)
- Pulses (radial and femoral)
- Lungs
- Abdomen: Masses, Tenderness, Organomegally

- GU (Males only): Testicle (single, undescended), Hernia, Masses
- Skin: Lesions, Rashes
- Neurological: Cranial nerves, DTR's, C-spine for brachial plexus injury, motor function, cerebellar function, cognitive function

- Musculoskeletal: Contour, ROM, Stability, and Symmetry
 - Neck
 - Back
 - Shoulder/Arm
 - Elbow/ Forearm
 - Wrist/Hand/Fingers
 - Hip/thigh
 - Knee
 - Leg/Ankle
 - Foot/Toes
- Functional: duck walk, single leg hop



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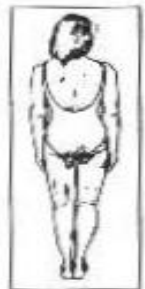
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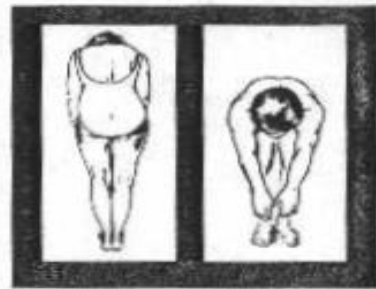
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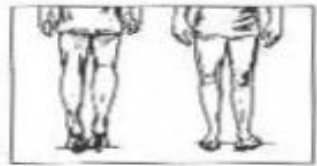
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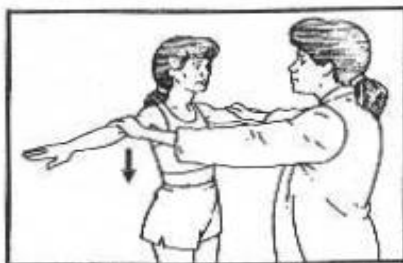
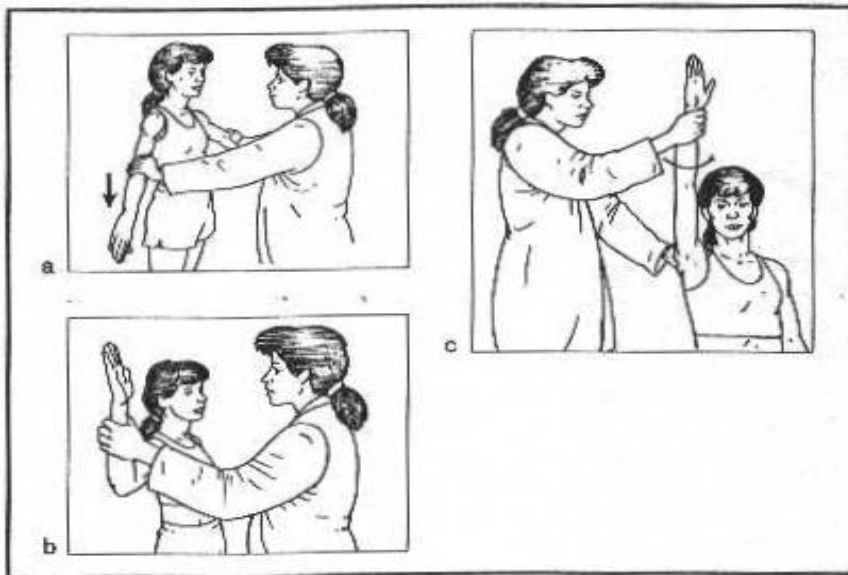
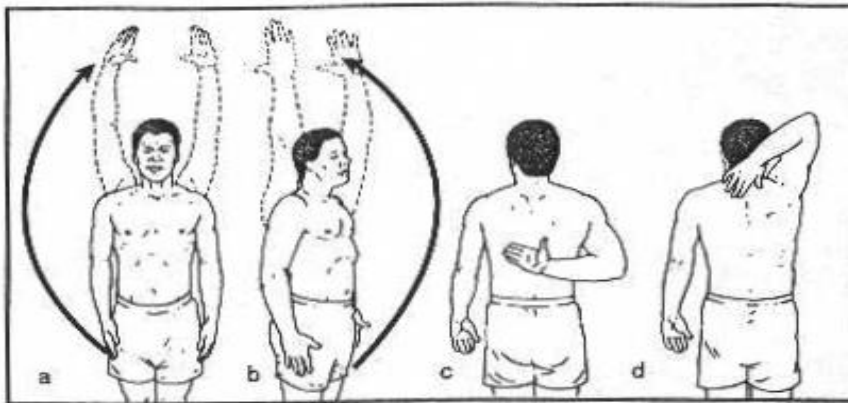
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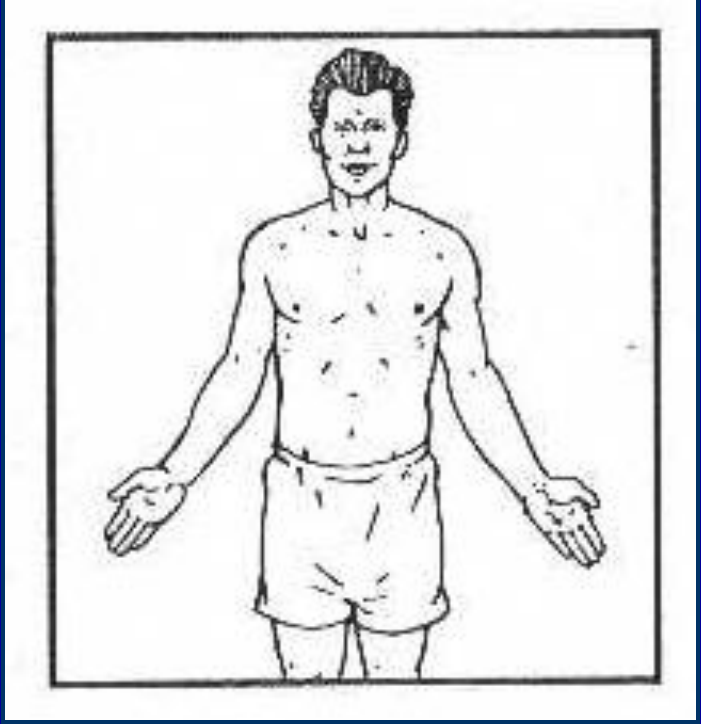


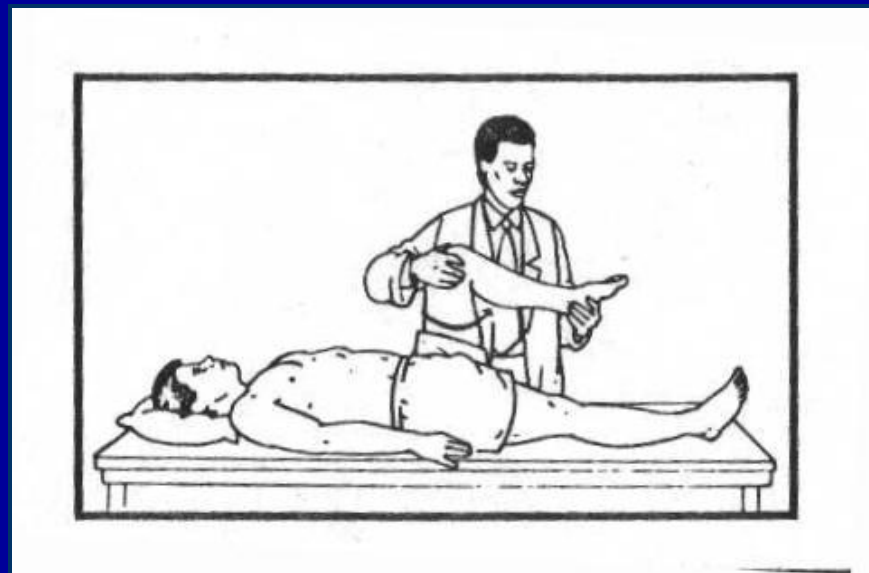
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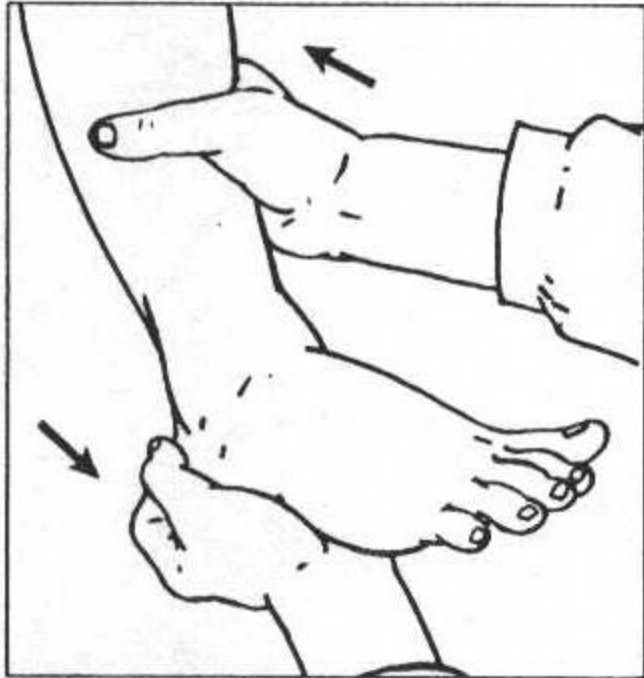


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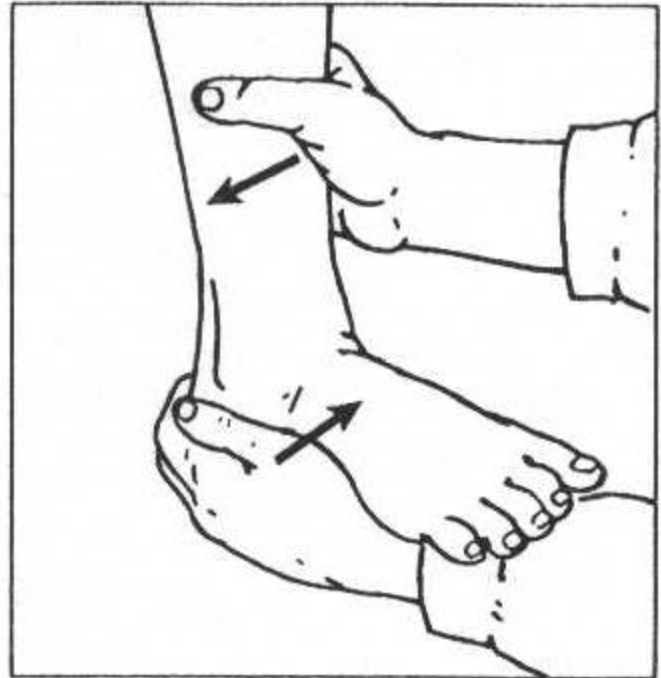




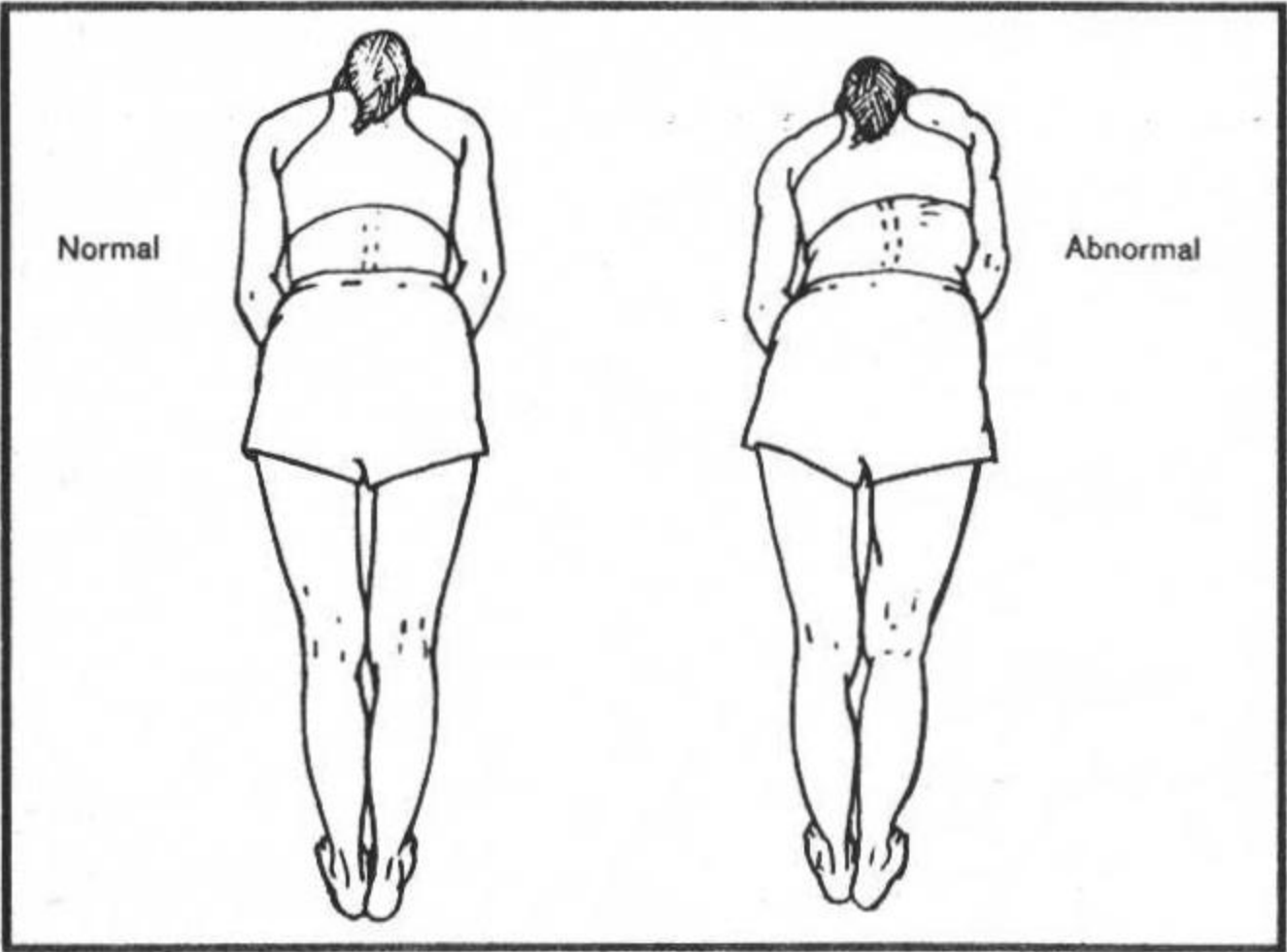




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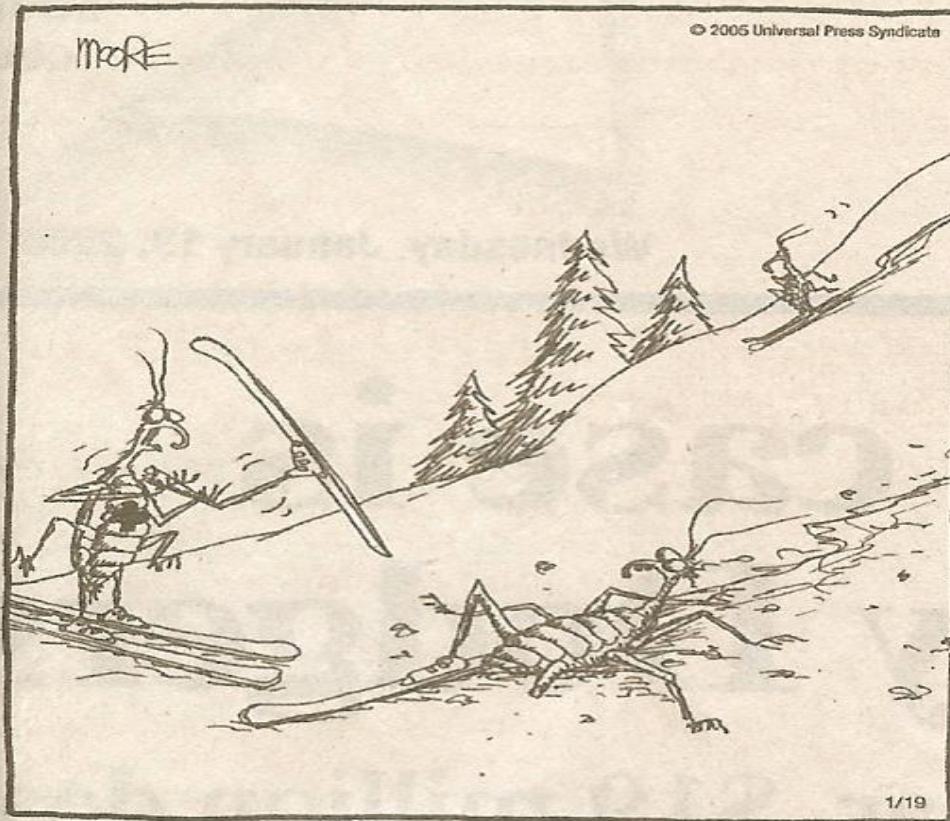
Normal

Abnormal

Figures 2-10: Terry Boles

IN THE BLEACHERS

By Steve Moore



“Calm down. Maybe you tore ligaments and maybe you didn’t. ... Does it hurt when I bend your leg like this?”

Clearance

- 3 -14% require further evaluation before final clearance
- Cleared: All activities without restrictions
- Cleared: With recommendation for further evaluation or treatment
- Not Cleared: To be reconsidered after further evaluation, treatment, or rehabilitation
- Not Cleared: For certain sports or all sports

- If the athlete's abnormality or condition limits participation or predisposes the athlete to further injury:
 - Does the problem place the athlete at an increased risk for injury or illness?
 - Can the athlete safely participate with treatment (medication, bracing, rehabilitation, padding)?

- Is another participant at risk for injury or illness because of the problem?
- Can limited participation be allowed while treatment is being completed?
- If clearance is denied only for certain sports or sport categories, in what activities can the athlete safely participate?

Musculoskeletal Disorders and Clearance

- Sprains, Subluxations, Dislocations
 - R/O effusion, swelling, and other signs of inflammation
 - R/O decreased ROM of the affected joints
 - R/O decreased strength (85-90% of the uninjured side or insufficient to activity)
 - R/O ligamentous instability of an affected joint
 - R/O loss or alteration of functional ability

- Strains or Muscle Contusions
 - Decreased ROM of joints controlled by the muscle
 - Strength less than 85-90% of the uninjured side or insufficient for the desired activity
 - Loss or alteration of sport specific functional ability

- Fractures
 - Depends on location, type and effect of treatment
 - R/O risk of reinjury or irreparable damage
 - ? Ability to play with cast, splint, padding
 - ? Referral to a specialist
- Developmental Conditions
 - Spinal deformity (eg scoliosis, spondylolysis, spondylolisthesis) requires more thorough evaluation

Neurological Disorders and Clearance



Concussions

- Caused by a direct blow to the head, face, neck or a blow elsewhere on the body with an impulsive force transmitted to the head
- Results in the rapid onset of short-lived impairment of neurological function that resolves spontaneously
- May result in neuropathologic changes

- Acute clinical symptoms reflect a functional disturbance not a structural injury
- Results in a graded set of clinical syndromes which may or may not include LOC
- Typically associated with normal structural neuroimaging studies
- ? Baseline neuropsychological testing

Return to Play

- Athletes should not return to play on same day of injury
- Children and adolescents should not return to sport until they have successfully returned to school.
- Must be off acute medications
- Watch for pre-existing conditions
- Screen time – help or hinder?
- Watch for anxiety, depression
- Try to keep on routines

- After a brief rest during the acute phase (24-48 hours) after injury, patients can start to become gradually and progressively more active
- They need to stay below their cognitive and physical symptom-exacerbation threshold
- Their activity should not bring on or worsen their symptoms
- They should avoid rigorous exercise while recovering
- The exact amount and duration of rest is not yet well defined

Graded Exertion Return to Play

- Rest until asymptomatic
- Light aerobic exercise
- Sport specific training
- Non-contact training drills
- Full-contact training drills (after medical clearance)
- Return to competition

Burners/Stingers

- Transient unilateral upper extremity pain and parathesias following a blow to the neck
- Most common in football
- Burning begins in the shoulder and radiates down the arm and hand
- May return to play when asymptomatic
- Athletes with recurrent episodes or persisting symptoms should have cervical spine x-rays or MRI to rule out a predisposing cervical disc disease, foraminal stenosis, or cervical spinal stenosis

Cervical Cord Neuropraxia

- Transient quadraplegia
- Acute, transient impairment of motor and/or sensory function in more than one extremity
- Symptoms – burning, pain, numbness, tingling or loss of sensation with or without motor weakness or paralysis
- Symptoms usually resolve within 10-15 minutes but may last up to 48 hours
- Needs to be evaluated for cervical stenosis
- Should be cleared by a neurologist or spine specialist. Some feel it is a contraindication for future contact play.

Cardiac

- Cardiovascular disorders are the leading cause of sudden death in young athletes
- Account for 75% of all sudden death in athletes
- Objective is to reduce the cardiovascular risks associated w with physical activity and enhance the safety of athletic participation
- The ultimate objective is the detection of silent cardiovascular abnormalities that can lead to sudden death

- Exercise is a known trigger and can unmask occult cardiac disease to precipitate death
- 80% of athletes have no documented warning symptoms at screening
- Incidence higher in male and African American athletes
- 1/3 during event, 2/3 during practice
- Annual incidence 1 in 80,000 high school athletes and 1 in 50,000 colleges athletes
- Basketball and football account for 50-61%

Sudden Cardiac Death Causes

- Cardiomyopathy (HCMP, Dilated)
- Coronary artery anomalies (Congenital, Acquired)
- Myocarditis
- Congenital Heart Disease
- Vascular rupture (Marfan's)
- Arrhythmias (Long QT, Brugada, Catecholaminergic Polymorphic Ventricular Tachycardia)
- Commotio cordis

ECG Screening

- No conclusive evidence to recommend universal use of ECG screening
- Cost of screening all athletes
- Can see false + rates dependent on who is reading the ECG
- Requires knowledge in athlete-specific ECG interpretation
- Need for cardiac consult for positive results

- 60% of the disorders may have detectable changes on ECG
- Use should be based on individual risk based on age, sex, race, sport and level of play
- There must be physician expertise in reading ECG's and available cardiology resources

Eating Disorders

- Female and male athletes are at higher risk of developing an eating disorder
- More common in sports where low body weight and leanness confers a competitive advantage
- Athletes with eating disorders should be treated by an experienced **multidisciplinary** team
- Efforts to prevent eating disorders should be aimed at athletes, coaches, parents and athletic administrators to expand knowledge of healthy nutrition in support of sport performance and health

- In USA it is estimated 10 million females and 1 million males suffer from a significant eating disorder
- Most likely under reported
- More common in athletes than non-athletes: 18% athletes, 5% non-athletes
-

Female Athletes

- Rates vary by sport but higher in sports
 - Weight classes: rowing
 - Aesthetics: gymnastics, figure skating
 - Low body mass: cross country, cycling
- Rates were 25% in above sport types compared to 12% in other sports
- Prevalence is higher in college aged population

Female Triad

- Low energy availability
- Menstrual dysfunction
- Low bone mineral density
- Now finding parallels in male athletes with low energy availability, hypogonadotropic hypogonadism and low bone mineral density
- Predisposes to stress fractures and bone stress injuries

Male Athletes

- Lower prevalence compared to female athletes but higher compared to non-athletes
- Prevalence
 - 42% Antigravitation sports – ski jumping
 - 17% Weight class sports – wrestling, boxing
 - 10% Endurance sports – long distance running
- Males who participate in weight class sports are more likely to have eating disorders compared to endurance sports or ball game athletes

Clearance to Play

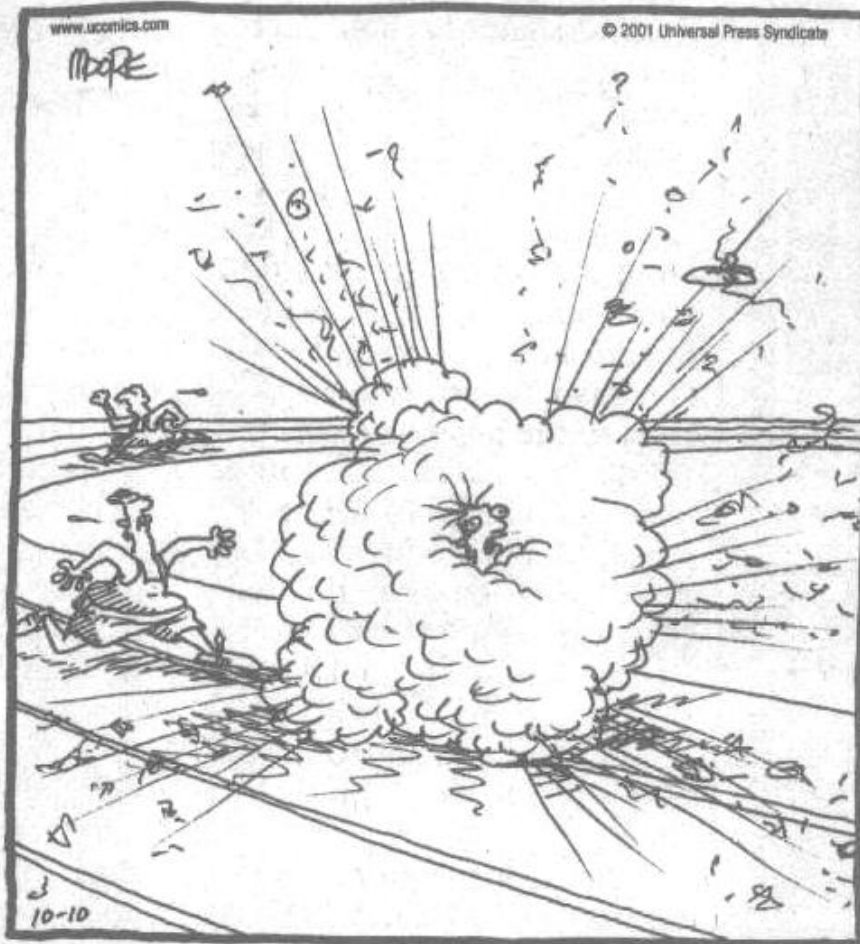
- Risk assessment: dietary restriction, BMI, menstrual history, bone mineral density, history of stress reaction or fracture
- Athletes diagnosed with anorexia nervosa with BMI <16 kg/m² or with moderate to severe bulimia nervosa should be restricted from training and competition

Prevention

- Expand the knowledge of healthy eating, pathological eating behaviors and their consequences, and what to do if you or a teammate has an eating disorder.
- Educate athletes that dietary restriction and/or purging behavior to achieve optimal weight and body composition will negatively impact sport performance and result in adverse health consequences

IN THE BLEACHERS

By Steve Moore



Ernie forgets to stretch out properly and simultaneously blows out his knees, ankles, shoulders, elbows, wrists, hips, and the joints on all 10 fingers.

Appendix

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?				26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____				27. Have you ever used an inhaler or taken asthma medicine?			
3. Have you ever spent the night in the hospital?				28. Is there anyone in your family who has asthma?			
4. Have you ever had surgery?				29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
HEART HEALTH QUESTIONS ABOUT YOU				HEART HEALTH QUESTIONS ABOUT YOU			
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?				30. Do you have groin pain or a painful bulge or hernia in the groin area?			
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				31. Have you had infectious mononucleosis (mono) within the last month?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?				32. Do you have any rashes, pressure sores, or other skin problems?			
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____				33. Have you had a herpes or MRSA skin infection?			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)				34. Have you ever had a head injury or concussion?			
10. Do you get lightheaded or feel more short of breath than expected during exercise?				35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
11. Have you ever had an unexplained seizure?				36. Do you have a history of seizure disorder?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?				37. Do you have headaches with exercise?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY				HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?				38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?				39. Have you ever been unable to move your arms or legs after being hit or falling?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?				40. Have you ever become ill while exercising in the heat?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?				41. Do you get frequent muscle cramps when exercising?			
BONE AND JOINT QUESTIONS				BONE AND JOINT QUESTIONS			
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?				42. Do you or someone in your family have sickle cell trait or disease?			
18. Have you ever had any broken or fractured bones or dislocated joints?				43. Have you had any problems with your eyes or vision?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?				44. Have you had any eye injuries?			
20. Have you ever had a stress fracture?				45. Do you wear glasses or contact lenses?			
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)				46. Do you wear protective eyewear, such as goggles or a face shield?			
22. Do you regularly use a brace, orthotics, or other assistive device?				47. Do you worry about your weight?			
23. Do you have a bone, muscle, or joint injury that bothers you?				48. Are you trying to or has anyone recommended that you gain or lose weight?			
24. Do any of your joints become painful, swollen, feel warm, or look red?				49. Are you on a special diet or do you avoid certain types of foods?			
25. Do you have any history of juvenile arthritis or connective tissue disease?				50. Have you ever had an eating disorder?			
				FEMALES ONLY			
				52. Have you ever had a menstrual period?			
				53. How old were you when you had your first menstrual period?			
				54. How many periods have you had in the last 12 months?			

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION
THE ATHLETE WITH SPECIAL NEEDS:
SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

155

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP	/ (/) Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperloxy, 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 and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) [†]		
Skin		
• HSV lesions suggestive of MRSA, tinea corporis		
Neurologic*		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		
• Duck-walk, single leg hop		

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

- Cleared for all sports without restriction
 Cleared 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. 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 parents. 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 (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____ MD or DO _____

**■ PREPARTICIPATION PHYSICAL EVALUATION
CLEARANCE FORM**

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction
 Cleared 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. 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 parents. 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 (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

