

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ IHSAA Member School _____

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 last 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 use any other appearance/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 (questions 5-14)

EXAMINATION						
Height	Weight		<input type="checkbox"/> Male <input type="checkbox"/> Female			
BP	/	(/)	Pulse	Vision	R 20/	L 20/
						Corrected? Y N
MEDICAL				NORMAL	ABNORMAL FINDINGS	
Appearance						
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						
Eyes/ears/nose/throat						
• Pupils equal						
• Hearing						
Lymphnodes						
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						
• MSV, lesions suggestive of MRSA, tinea corporis						
Neurologic						
MUSCULOSKELETAL						
	NORMAL	ABNORMAL FINDINGS			NORMAL	ABNORMAL FINDINGS
Neck				Knee		
Back				Leg/ankle		
Shoulder/arm				Foot/toes		
Elbow/forearm				Functional		
Wrist/hand/fingers				• Duck-walk, single leg hop		
Hip/thigh						

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

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 Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)