PREPARTICIPATION PHYSICAL EVALUATION – Ohio High School Athletic Association – 2021-2022

PHYSICAL EXAMINATION FORM

Name: D	Date of Birth:	Grade in School:
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, e-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-enhancing 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 (Q4-Q13 of History Form)

EXA	MINATIO	N									
Heigl	nt:				Weight:						
BP:	/	(/)	Pulse:	Vision: R 20	/	L 20/	Corre	cted: 🗆 Y	□ N
MEC	ICAL									NORMAL	ABNORMAL FINDINGS
• N		_			osis, high-arched e [MVP], and aort	palate, pectus excavatutic insufficiency)	ım, arachnoo	lactyly, hype	erlaxity,		
• P	ears, no upils equi earing		I throa	t							
Lymp	h nodes										
Hear • N		auscult	ation s	tandir	ng, auscultation s	supine, and ± Valsalva m	aneuver)				
Lung	S										
Abdo	men										
	erpes sim		rus (HS	V), les	ions suggestive o	of methicillin-resistant <i>St</i>	aphylococcus	aureus (MR	SA), or		
										 	
	ological										
MUS	CULOSK	ELETAI								NORMAL	ABNORMAL FINDINGS
	CULOSK	ELETAI								NORMAL	ABNORMAL FINDINGS
MUS	SCULOSK	ELETAI								NORMAL	ABNORMAL FINDINGS
MUS Neck Back	SCULOSK		-							NORMAL	ABNORMAL FINDINGS
Neck Back Shou	SCULOSK	arm	-							NORMAL	ABNORMAL FINDINGS
Neck Back Shou Elboy Wrist	Ider and w and for	arm earm								NORMAL	ABNORMAL FINDINGS
Neck Back Shou Elboy Wrist	Ider and	arm earm								NORMAL	ABNORMAL FINDINGS
Neck Back Shou Elboy Wrist	Ider and w and for t, hand, a	arm earm								NORMAL	ABNORMAL FINDINGS
Neck Back Shou Elboy Wrist Hip a	Ider and w and for t, hand, a	arm earm								NORMAL	ABNORMAL FINDINGS
Neck Back Shou Elbov Wrist Hip a Knee	Ider and w and for t, hand, a	arm earm								NORMAL	ABNORMAL FINDINGS
Neck Back Shou Elboy Wrist Hip a Knee Leg a Foot	lder and w and for t, hand, a nd thigh and ankle and toes tional	arm earm nd fing	gers	ngle-le	eg squat test, and	d box drop or step drop	test			NORMAL	ABNORMAL FINDINGS
MUS Neck Back Shou Elboy Wrist Hip a Knee Leg a Foot Funct • D	lder and w and for t, hand, a nd thigh and ankle and toes tional ouble-leg	arm earm nd fing squat rocard	gers test, si					bnormal ca	rdiac histo		ABNORMAL FINDINGS
MUS Neck Back Shou Elbox Wrist Hip a Knee Leg a Foot Funct • D a Consination	lder and w and for t, hand, a nd thigh and toes tional ouble-leg der elect of those	arm earm nd fing squat rocard	gers test, si	hy (EC	G), echocardiogr	raphy, referral to a carc	liologist for a			ry or examina	
MUS Neck Back Shou Elbox Wrist Hip a Knee Leg a Foot Funct • D a Consination	lder and w and for t, hand, a and thigh and toes tional ouble-leg der elect of those of health	arm earm nd fing squat rocard	gers test, si	hy (EC	G), echocardiogr	raphy, referral to a carc	liologist for a			ry or examina	tion findings, or a combi-

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PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION - 2021-2022

MEDICAL ELIGIBILITY FORM _____ Date of Birth: ___ Name: _ _____ Grade in School: ___ □ Medically eligible for all sports without restriction □ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of ☐ Medically eligible for certain sports □ Not medically eligible pending further evaluation □ Not medically eligible for any sports Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians). Name of health care professional (print or type): ______ Date of Exam: Phone: ____ _____, MD, DO, DC, NP, or PA Signature of health care professional: SHARED EMERGENCY INFORMATION Medications: ___ Emergency contacts: ____

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