

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-

Student's Name: _____ Sport(s): _____
 Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____ Home Phone: _____
 School: _____ District: _____
 Parent/Guardian's Full Name: _____

- EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

- FINDINGS OF PHYSICAL EVALUATION -

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm.

Vision: R 20/ _____ L 20/ _____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

| INDICATORS | NORMAL? | ABNORMAL FINDINGS/COMMENTS |
|---|---------|---|
| General Appearance | YES | |
| Head/Neck | YES | |
| Eyes/Sclera/Pupils | YES | |
| Ears | YES | |
| Gross Hearing | YES | |
| Nose/Mouth/Throat | YES | |
| Lymph Glands | YES | |
| Cardiovascular | YES | |
| Heart Rate | YES | |
| Rhythm | YES | |
| Murmur | ABSENT | |
| If murmur present | | Standing makes it: Louder Softer No Change |
| | | Squatting makes it: Louder Softer No Change |
| | | Valsalva makes it: Louder Softer No Change |
| Femoral Pulses | YES | |
| Lungs: Auscultation/Percussion | YES | |
| Chest Contour | YES | |
| Skin | YES | |
| Abdomen (liver, spleen, masses) | YES | |
| Assessment of physical maturation or Tanner Scale | YES | |
| Testicular Exam (Males Only) | YES | |
| Neck/Back/Spine: | YES | |
| Range of Motion | YES | |
| Scoliosis | ABSENT | |
| Upper Extremities: (ROM, Strength, Stability) | YES | |
| Lower Extremities: (ROM, Strength, Stability) | YES | |
| Neurological: Balance & Coordination | YES | |
| Hernia | ABSENT | |
| Evidence of Marfan Syndrome | ABSENT | |

Most recent immunizations and dates administered:

Medications currently prescribed, with dose and frequency:

| Medication Name | Dosage | Frequency |
|-----------------|--------|-----------|
| | | |
| | | |
| | | |
| | | |

Additional observations:

General Diagnosis:

General Recommendations:

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

CLEARANCES: This section is completed by the examining healthcare provider.

After examining the student and reviewing the medical history the student is:

- A. Cleared for participation in all sports without restrictions.
- B. Not cleared for participation in any sport until evaluation/treatment of:

- C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications. CHECK ALL THAT APPLY

- CONTACT/COLLISION
- LIMITED CONTACT
- NON-CONTACT/STRENUOUS
- NON-CONTACT/NON-STRENUOUS

Limitations due to: _____

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly; Splenomegaly; Malignancy; Seizure Disorder; Marfan's Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

| Contact/Collision | Limited Contact | Non-Contact | |
|-------------------|-----------------|-----------------------|---------------|
| | | Strenuous | Non-strenuous |
| Basketball | Baseball | Discus | Bowling |
| Diving | Cheerleading | Javelin | Golf |
| Field Hockey | Fencing | Shot put | |
| Football | High Jump | Rowing | |
| Ice Hockey | Pole vault | Running/Cross Country | |
| Lacrosse | Gymnastics | Strength Training | |
| Soccer | Skiing | Swimming | |
| Wrestling | Softball | Tennis | |
| | Volleyball | Track | |

Effects of physiologic maneuvers on heart sounds

- Standing: Increases murmur of HCM
Decreases murmur of AS, MR
MVP click occurs earlier in systole
- Squatting: Increases murmur of AS, MR, AI
Decreases murmur of MCH
MVP click delayed
- Valsalva: Increases murmur of HCM
Decreases murmur of AS, MR
MVP click occurs earlier in systole

Physical Stigmata of Marfan's Syndrome

- Kyphosis
- High arched palate
- Pectus excavatum
- Arachnodactyly
- Arm span > height 1.05:1 or greater
- Mitral Valve Prolapse
- Aortic Insufficiency
- Myopia
- Lenticular dislocation

- HCM: Hypertrophic Cardio Myopathy
- AS: Aortic Stenosis
- AI: Aortic Insufficiency
- MR: Mitral Regurgitation
- MVP: Mitral Valve Prolapse

HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:

- Primary Care Provider
- School Physician Provider
- License Type:
 - MD/DO
 - APN
 - PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____

Today's Date: _____

Date of Exam: _____

RESERVED FOR SCHOOL DISTRICT USE

NOTE: *N.J.A.C. 6A:16-2.2* requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

History and Physical Reviewed By: _____ Date: _____

Title of Reviewer (please check one): School Nurse School Physician

Medical Eligibility Notification Sent to Parent/Guardian by School Physician _____
Date

Letter of notification is attached.

OR

Parent notification indicates that:

- Participation Approved without limitations.
- Participation Approved with limitations pending evaluation.
- Participation NOT Approved

Reason(s) for Disapproval: _____
