This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

	CT	\sim D	V F		ш
-			W L		ш
_				4 1 15 11	w
		~"			

Note: Complete and sign this form (with your pare Name:			pointment. te of birth:	
Date of examination:				
Sex assigned at birth (F, M, or intersex):	How do you identif	y your gender? (F, I	M, non-binary, or anoth	ner gender):
Have you had COVID-19? (check one): □ Y □	□ N			
Have you been immunized for COVID-19? (check	k one): □Y □N		u had: □ One shot [□ Booster date(s)	
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past surg				
Medicines and supplements: List all current prescr	riptions, over-the-co	unter medicines, a	nd supplements (herba	and nutritional).
Do you have any allergies? If yes, please list all y	our allergies (ie, me	dicines, pollens, fo	ood, stinging insects).	
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been	bothered by any of	the following prob	lems? (Circle response.)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of ≥3 is considered positive on eithe	er subscale [question	s 1 and 2, or ques	tions 3 and 4] for scree	ening purposes.)

(Ехр	IERAL QUESTIONS lain "Yes" answers at the end of this form. Circle stions if you don't know the answer.)	Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

		•					
HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)							
9.	9. Do you get light-headed or feel shorter of breath than your friends during exercise?						
10.	Have you ever had a seizure?						
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No			
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?						
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?						
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?						

O	NE AND JOINT QUESTIONS	Yes	No	MEDI	CAL QUESTIONS (CONTINUED)	
4.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			26. /	Do you worry about your weight? Are you trying to or has anyone recommend you gain or lose weight?	ded that
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27.	Are you on a special diet or do you avoid ce types of foods or food groups?	ertain
MEI	DICAL QUESTIONS	Yes	No	28. 1	Have you ever had an eating disorder?	
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?				STRUAL QUESTIONS Have you ever had a menstrual period?	N/A
17.	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			30. 1	How old were you when you had your first roperiod?	menstrual
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?				When was your most recent menstrual perio How many periods have you had in the past	
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?				in "Yes" answers here.	
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?					
22.	Have you ever become ill while exercising in the heat?					
23.	Do you or does someone in your family have sickle cell trait or disease?					
	Have you ever had or do you have any problems					

Yes No

Yes No

© 2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

Signature of athlete: __

Date: _____

Signature of parent or guardian:

This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM	
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, 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 que	estions	on cardiovas	scular sympto	oms (Q4–Q13 of	History Fo	orm).			
EXAMINATIO	DN									
Height:			Weight:							
BP: /	(/)	Pulse:		Vision: R 20/		L 20/	Correc	cted: 🗆 Y	□N
COVID-19 W	ACCINE									
Previously rec	eived COVID	-19 vo	ccine: 🗆 Y	□N						
Administered	COVID-19 vo	accine	at this visit:	$\square Y \square N$	If yes: □ First	dose □ S	econd dose	\square Third d	lose 🗆 Boos	ter date(s)
MEDICAL									NORMAL	ABNORMAL FINDINGS
myopia, n	nitral valve pr	olapse	sis, high-arch [MVP], and (ied palate, p aortic insuffic	ectus excavatum, ciency)	, arachnoc	lactyly, hypei	rlaxity,		
Eyes, ears, no Pupils equ Hearing		ıt								
Lymph nodes										
Heart ^a • Murmurs (auscultation s	standir	ng, auscultatio	on supine, an	d ± Valsalva mai	neuver)				
Lungs										
Abdomen										
Skin • Herpes sin tinea corp		SV), le	esions suggest	tive of methic	illin-resistant <i>Sta_l</i>	phylococc	us aureus (M	RSA), or		
Neurological										
MUSCULOSK	ELETAL								NORMAL	ABNORMAL FINDINGS
Neck										
Back										
Shoulder and	arm									
Elbow and for	rearm									
Wrist, hand, a	and fingers									
Hip and thigh	ı									
Knee										
Leg and ankle	9									
Foot and toes										
Functional Double-leg	g squat test, si	ingle-l	eg squat test,	and box dro	p or step drop te	est				
^a Consider elec nation of thos Name of health	e.	•				ologist for	abnormal co	ırdiac histo	,	nation findings, or a combi- ate:
Address:	r care profess	ional	prini or type)	•				Pl	hone:	
Signature of he	ealth care prof	fessior	nal:							, MD, DO, NP, or PA

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM			
Name:	Date of birth:		_
□ Medically eligible for all sports without restriction	on		
□ Medically eligible for all sports without restriction	on with recommendations for further evaluation or treatm	nent of	-
□ Medically eligible for certain sports			-
□ Not medically eligible pending further evaluation	on		-
□ Not medically eligible for any sports			
Recommendations:			=
			-
apparent clinical contraindications to practice examination findings are on record in my off arise after the athlete has been cleared for p	form and completed the preparticipation physical of the and can participate in the sport(s) as outlined or fice and can be made available to the school at the participation, the physician may rescind the medical ely explained to the athlete (and parents or guardi	n this form. A copy of request of the parents l eligibility until the pro	the p hysical s. If c onditions
Name of health care professional (print or type):		Date:	
Signature of health care professional:			, MD, DO, NP, or PA
SHARED EMERGENCY INFORMATION	N		
Allergies:			_
			-
Medications:			_
			-
			-
Other information:			_
			-
Emergency contacts:			-
			-
			_

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.