

PREPARTICIPATION PHYSICAL EVALUATION - Ohio High School Athletic Association - 2023-2024

PHYSICAL EXAMINATION FORM

Name:	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).

EXAMINATION Height:		Weight:							
BP: /	(/)	Pulse:	Vision	: R 20/	L 20/	Correc	ted: 🗆 Y	n N	
MEDICAL							NORMAL	ABNORMAL FIND	INGS
Appearance									and evaluation to select
•	ata (kyphoscoli	osis, high-arch	ed palate, pectus ex	cavatum, arach	inodactyly, hypei	rlaxity,			
myopia, mitra	ıl valve prolaps	e [MVP], and a	ortic insufficiency)						
Eyes, ears, nose,	and throat								
 Pupils equal 						169			
Hearing						: :			-
Lymph nodes									
Heart ^a									
 Murmurs (aus 	cultation standi	ng, auscultatio	n supine, and ± Vals	alva maneuver)		· · · · · · · · · · · · · · · · · · ·			
Lungs									
Abdomen	······································		· · · · · · · · · · · · · · · · · · ·						
Skin .									
1	x virus (HSV), le:	sions suggestive	of methicillin-resist	ant <i>Staphylocod</i>	cus aureus (MRS)	A), or			
tinea corporis									·····
Neurological									
MUSCULOSKELE	TAL						NORMAL	ABNORMAL FIND	INGS
Neck				· · · · · · · · · · · · · · · · · · ·					
Back	***************************************					~~~~		·	
Shoulder and arm)				· · ·				
Elbow and forear	m								
Wrist, hand, and i	fingers								
Hip and thigh									
Knee			V. _{j.}						
Leg and ankle									
Foot and toes									
Functional									
Double-leg squ	uat test, single-l	eg squat test, a	and box drop or step	o drop test					
Consider electroca	ırdiography (EC	G), echocardio	graphy, referral to	a cardiologist f	or abnormal card	diac histor	y or examina	tion findings, or a co	mbi-
nation of those.									
Name of health care	e professional (print or type):_					Date:		
Address:						Phor	ne:	···	
Signature of health	care profession	nal:						, MD, DO, DC, NP	

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PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION - 2023-2024

MEDICAL ELIGIBILITY FORM Date of Birth: Grade in School: — Name: ___ ☐ 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: Address: ____ Signature of health care professional: _____, MD, DO, DC, NP, or PA SHARED EMERGENCY INFORMATION Emergency contacts:

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