

MEDICLINIC *perform*

PHYSICAL EXAMINATION FORM

The medical eligibility form is the only form that should be submitted to a school or sports organisation.

PRE-PARTICIPATION PHYSICAL EVALUATION

Name _____ Date of birth _____

PHYSICIAN REMINDERS

EXAMINATION

Height _____ Weight _____ BP ____/____ (____/____)
Pulse _____ Vision R 20/ ____ L 20/ ____ Corrected Yes No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eyes, ears, nose, and throat • Pupils equal • Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lymph nodes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neurological	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Back	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shoulder and arm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elbow and forearm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wrist, hand, and fingers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hip and thigh	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Knee	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leg and ankle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foot and toes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type) _____ Date _____

Address _____ Phone _____

Signature of health care professional _____, MD