

PHYSICAL EXAMINATION FORM

Name: _____ Grade: _____ Date of Birth: _____

COVID 19 – Physician is requested to ask:

Have you tested positive for COVID-19?	Yes	No
Have you had any known exposure to a COVID-19-positive individual?	Yes	No
Have you been tested for COVID-19?	Yes	No
Have you had any new onset of cough or shortness of breath?	Yes	No
Have you experienced any recent temperature greater than 100.3°F?	Yes	No

*The most recent medical evidence recommends consideration of cardiac testing if a student-athlete has previously tested positive for COVID-19. This should be discussed with the physician.

EXAMINATION			
Height:	Weight:	Vision: R 20/	L 20/
BP: / (/)	Pulse:	Corrected? Y	N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency) 			
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart^ <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver) 			
Lungs			
Abdomen			
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 			
Neurological			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand, & fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, step drop test 			

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

I have examined the student named on this form and completed a physical evaluation. A copy of the physical examination findings is on record with my office and can be made available at the request of the parents. If conditions arise after an 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/or parents or guardians.)

Medically eligible for all sports without restriction: YES NO

Medically eligible for certain sports: _____

Recommendations: _____

Name of Healthcare Professional (print or type) _____

Address _____ Phone _____

City, State, ZIP _____ Date _____

Signature of Healthcare Professional _____, MD, DO, NP, or PA