Madison Public Schools

**SPORTS QUALIFYING PHYSICAL EXAMINATION FORM**

Student Name Date of birth Age Gender: M / F / T

**Follow-Up Questions About More Sensitive Issues:**
• Do you feel stressed out or under a lot of pressure?
• Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?

• Do you feel safe?
• Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?
• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use other drugs?
• Have you ever taken steroid pills or shots without a doctor’s prescription?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?

• Question “Risk Behaviors” like guns, seatbelts, unprotected sex, domestic violence, drugs, and others.

**Notes About Follow-Up Questions:**

**MEDICAL EXAM**

HEIGHT WEIGHT BMI (Optional) % Body fat (optional)

PULSE BP / ( / )

Vision: R 20/ L 20/ Corrected: Y / N Contacts: Y / N Hearing: R L (Audiogram or confrontation)

|  |  |  |  |
| --- | --- | --- | --- |
| **EXAM**  | **NORMAL** | **ABNORMAL NOTES** | **Initials\*** |
| **Appearance** | **Y / N** |  |  |
|  Marfanstigmata(kyphoscoliosis,high- archedpalate,pectusexcavatum,arachnodactyly,  arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)  | **Y / N** |  |  |
| **HEENT** | **Y / N** |  |  |
|  Eyes | **Y / N** |  |  |
|  Fundoscopic | **Y / N** |  |  |
|  Pupils | **Equal / Unequal** |  |  |
|  Hearing | **Y / N** |  |  |
| **Cardiovascular** | **Y / N** |  |  |
|  Murmurs (auscultation standing, supine, +/- Valsalva | **Y / N** |  |  |
|  PMI location |  |  |  |
|  Pulses (simultaneous femoral & radial) | **Y / N** |  |  |
| **Lungs** | **Y / N** |  |  |
| **Abdomen** | **Y / N** |  |  |
| **Genitourinary (Male)** | **Y / N** |  |  |
|  Hernia | **Y / N** |  |  |
| **Tanner Staging (optional)** | **I II III IV V** |  |  |
| **Skin (HSV, MRSA, Tinea corporis)** | **Y / N** |  |  |
| **Musculoskeletal** |  |  |  |
|  Neck | **Y / N** |  |  |
|  Back | **Y / N** |  |  |
|  Shoulder/Arm | **Y / N** |  |  |
|  Elbow/Forearm | **Y / N** |  |  |
|  Wrist/Hand/Fingers | **Y / N** |  |  |
|  Hip/Thigh | **Y / N** |  |  |
|  Knee | **Y / N** |  |  |
|  Leg/Ankle | **Y / N** |  |  |
|  Foot/Toes | **Y / N** |  |  |
|  Functional (Duck Walk/Single Leg Hop) | **Y / N** |  |  |

 **\*Required Only If Multiple Examiners**

**Notes:**

**Assessment**: 🞎 Cleared for Sports without restriction 🞎 Restricted participation (see Clearance Form)

**Plan**: *Immunizations:* 🞎 Up-To-Date 🞎 Immunize if needed (Tdap, meningococcal MCV4, (1-2 doses), 3 HPV, 2 MMR, 3 hep B, 3-4 Polio,

 🞎 Consider Flu Shot (Annual; Asthma, winter athletes) 2 varicella or history of disease)

 *Health Maintenance*: 🞎 Lifestyle, health, and safety counseling 🞎 Discussed dental care and mouth guard use

 🞎 Discussed Lead and TB exposure – (Testing indicated / not indicated )

Attending Physician Signature: Date:

CLINIC NAME PHONE # Revised 8/1/15