

# SDHSAA PREPARTICIPATION PHYSICAL EXAM FORM

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Annual/Biennial/Triennial: \_\_\_\_\_

**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, vaping, chewing tobacco, snuff or dip?
  - Over the past 30 days, have you used 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 seatbelt or helmet?
2. Consider reviewing questions on cardiovascular symptoms (#4-13 on health history form)

EXAMINATION		
Height:	Weight:	BP:
Pulse:	Vision: R 20/      L 20/	Corrected?:

MEDICAL	Normal	Abnormal Findings
Appearance		
Head/Mouth		
Eyes, ears, nose and throat - Pupils equal & Hearing		
Lymph Nodes		
Heart* -Heart sounds, murmurs, pulse, rhythm, auscultation		
Lungs		
Abdomen - Liver/Spleen, masses		
Skin - HSV, Lesions, Staph, MRSA, etc.		
Neurological		
MUSCULOSKELETAL	Normal	Abnormal Findings
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, Hand and Fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional		
◦ Double-leg squat test, single-leg squat test, box drop or step drop test		

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination

**Sports Participation Recommended for (Mark One):**

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendation  
for further evaluation or treatment of: \_\_\_\_\_
- Medically eligible for certain sports (list here): \_\_\_\_\_
- Not medically eligible pending further evaluation: \_\_\_\_\_
- Not medically eligible for any sports: \_\_\_\_\_

Name of Examiner: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

**Note: SDCL allows Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Licensed Physician Assistant and Licensed Nurse Practitioners as those that can provide this recommendation.**