



PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Name _____ Sport _____ DOB _____
(Last, First, Middle Initial)

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, 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 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 (questions 12-19)

Table with columns for EXAMINATION, MEDICAL, and various physical exam findings. Includes rows for Height, Weight, BP, Pulse, Vision, Lungs, Abdomen, etc.

HSV, lesions suggestive of MRSA, tinea corporis