

NWI Eagles FC

PHYSICAL EXAMINATION FORM

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following year.)

Name of Athlete: _____ Date of Birth: _____

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?
- During the last 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or use any other appearance/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 5-14)

EXAMINATION

Height: _____ Weight: _____ Male _____ Female _____

BP _____ / _____ (_____ / _____) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected? Yes No

MEDICAL

Normal Abnormal Findings

Appearance

- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span, height, hyperlaxity, myopia, MVP, aortic insufficiency

	Normal	Abnormal Findings
Eyes/ears/nose/throat	_____	_____
• Pupils equal		
• Hearing		
Lymphnodes	_____	_____
Heart	_____	_____
• Murmurs (auscultation standing, supine, +/- Valsalva)		
• Location of point of maximal impulse (PMI)		
Pulses	_____	_____
• Simultaneous femoral and radial pulses		
Lungs	_____	_____
Abdomen	_____	_____
Genitourinary (males only)	_____	_____
Skin	_____	_____
• HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic	_____	_____
MUSCULOSKELETAL		
Neck	_____	_____
Back	_____	_____
Shoulder/arm	_____	_____
Elbow/forearm	_____	_____
Wrist/hand/fingers	_____	_____
Hip/thigh	_____	_____
Knee	_____	_____
Leg/ankle	_____	_____
Foot/toes	_____	_____
Functional	_____	_____
• Duck-walk, single leg hop		

_____ Cleared for all sports without restriction

_____ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____ Not cleared _____ Pending further evaluation _____ For any sports

Reason _____

Recommendations _____

I have examined the above-named athlete and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to NWI Eagles FC at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____

Date _____ Address _____

Phone _____ License # _____

Signature _____, MD, DO, PA, or NP (Circle one)