



The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

PART II - - MEDICAL HISTORY- Explain "Yes" answers below

This form must be completed and signed, prior to the physical examination, for review by examining practitioner. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

Form with columns for 'Yes' and 'No' answers. Sections include: GENERAL MEDICAL HISTORY, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS, and MEDICAL QUESTIONS. Includes a section for 'FEMALES ONLY' and an 'EXPLAIN "YES" ANSWERS BELOW' section.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Athlete's Signature: \_\_\_\_\_



PART III – PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30<sup>th</sup> of the current school year)\*\*

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting Pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
Neurologic		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

Medical Practitioner to School Staff (please indicate any instructions or recommendations here)

Emergency medications required on-site  Inhaler  Epinephrine  Glucagon  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- CLEARED WITHOUT RESTRICTIONS**
- CLEARED WITH FOLLOWING NOTATION:** \_\_\_\_\_
- Cleared **AFTER** documented further evaluation or treatment for: \_\_\_\_\_
- Cleared for **Limited participation** (check and explain "reason" for all that apply): "*Limited Until Date*" when appropriate
  - Not cleared for (specific sports) \_\_\_\_\_ Until Date: \_\_\_\_\_
  - Reason(s): \_\_\_\_\_
- NOT CLEARED FOR PARTICIPATION Reason** \_\_\_\_\_

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.

Physician Signature: \_\_\_\_\_ (\*MD, DO, LNP, PA) . Date\*\* \_\_\_\_\_  
Circle one

Examiner's Name and degree (print): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

+ Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-3-1 (3) Physical Examination Rule/Transfer Student (10-90) – When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League's Form #2, the student is in compliance with physical examination requirements.