

PPE - PHYSICAL EXAMINATION - Doctor to complete

Name of athlete: _____

Chaperone's name: _____

Date of birth: _____ Sex: _____ Age: _____ Grade: _____ School: _____

Sport(s) played: _____

PHYSICIAN REMINDERS Additional possible questions:

Mental health: mood, stressors. Safety and risk taking: Smoking/ETOH/drug, sexual health

Diet: Supplements, tablets or injections? Dietary restrictions to gain /lose weight or improve performance?

GENERAL EXAM			
Weight: kg	Height: cm	BP: / mmHg	Pulse: bpm <input type="checkbox"/> Regular <input type="checkbox"/> Irregular
Vision: R 6/ L 6/ Binocular: 6/ (Corrected readings: <input type="checkbox"/> Y <input type="checkbox"/> N)			
SYSTEMIC MEDICAL EXAM		NORMAL	ABNORMAL FINDINGS
Appearance: • Dymorphism • Marfan stigmata (i.e. kyphoscoliosis, high-arched palate, pectus excavatum, arm span > hgt, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat: • PEARL, eye movements • Hearing adequate, canals clear			
Lymph nodes: • Cervical/axillary/(inguinal if indicated)			
Heart Sounds, murmurs (standing, supine,+/-Valsalva), apex			
Pulses: Simultaneous femoral + radial pulses, radial-radial delay			
Lungs • Breath sounds, wheeze/added sounds			
Abdomen • Laxity, masses/liver/spleen/renal			
+/- Genitourinary/breast: <input type="checkbox"/> Chaperone as above (NB Only if indicated on history, i.e. Inguinal hernia males)			
Skin • HSV, MRSA lesions, tinea corporis or pedis			
Neurological • TPRS limbs, Cranial N screen, balance eyes closed			

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck - ROM, tenderness bony/muscular		
Back - ROM, tenderness bony/muscular		
Shoulder/arm - ROM, tender bony/muscular, TP/special tests		
Elbow/forearm - ROM, tender bony/muscular, TP		
Wrist/hand/fingers - ROM, tender bony/muscular, TP, Tinnel		
Hip/thigh - ROM, tender bony/muscular, TP, impingement		
Knee - ROM, tender bony/muscular, VM wasted, TP, patella track, effusion, cysts, ?OGSD, special tests McM/L/T/Pat App		
Leg/ankle - ROM, tender bony/muscular, TP, ant drawer ?Sever's		
Foot/toes - ROM, tender bony/muscular, TP, corns/warts/tinea, ingrown nail		
Functional/Special tests: <ul style="list-style-type: none"> • Gait • Trendelenberg, Duck-walk, single leg hop 		

*Consider Ix: ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

°Consider: GU exam in private setting but chaperone recommended (if patient agrees).

ˆConsider: cognitive evaluation / baseline neuropsychiatric testing if history of significant concussion.

Post PPE clearance:

Cleared for all sports without restriction

Cleared for all sports without restriction of activity but with recommendations for further evaluation or management (to ensure optimal well-being, comfort and harm prevention of)

Any medical issues that are pending further evaluation or action

NOT cleared for sports until satisfactory review (with review exam scheduled for date ___/___/___)

Clearance is for:

Any sports or Certain sports _____

Reason

Medical - Recommendations	Physiotherapist - Recommendations	Coach - Comments	Athlete - Actions required

(See also next page for allergies and emergency information summary)

I have examined the above-named athlete and completed their pre-participation physical evaluation form. A full copy of the PPE physical exam is on my record and can be made available to the school at the request of the athlete/parents. If conditions arise after the athlete has been cleared for participation, our physicians may withdraw this clearance until the condition is resolved and any possible consequences are adequately explained to you.

Name of physician (print) _____

Signature of physician _____ Date ___/___/___

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ATHLETE'S EMERGENCY INFORMATION and RISK MANAGEMENT PLAN

Name of Athlete: _____

Emergency Contact: _____

Medical Practitioner name: _____

Signature of Practitioner: _____ Date: _____

Allergies:

Other information (i.e. Asthma / Epipen etc or N/A):

Specific areas of concern identified on PPE exam and suggested program attached:

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