Preparticipation Physical Evaluation Form

History form		
(Note: Patients and parents must complete this form before the medical evaluation. It stays in the individual's medical file and is not sent to the athletic department.)		
Name: Marcus Evan Hernandez		
OSIS #: 202534785	Sex: Male	
Age: 16	School: Greenfield High School	
Date of birth: January 12, 2009	Date of exam: January 20, 2025	
Sport(s):		
Basketball, Track and Field		
Please list all prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:		
Cetirizine (for allergies) Multivitamins Ibuprofen (as needed for soreness)		
Do you carry an inhaler?	☐ Yes	☑ No
Do you carry an epi-pen?	☐ Yes	☑ No
Do you have any allergies?	☑ Yes	☐ No
If yes, identify specific allergy below:		
☑ Medicines	☑ Pollens	
☐ Food	☐ Stinging	
☐ Insects	☐ Latex	
☐ Others:		
General questions		
Has a doctor ever denied or restricted your participation in sports for any reason?	☐ Yes	☑ No
Do you have any ongoing medical conditions?	☐ Yes	☑ No
If so, please identify below:		
☐ Asthma	☐ Anemia	
☐ Diabetes	☐ Infections	
☐ Sickle cell disease or trait	☐ Other:	
Have you ever been admitted to the hospital?	☑ Yes	☐ No
Have you ever had surgery?	☑ Yes	☐ No

Heart health questions		
Have you ever passed out or nearly passed out **during** or **after** exercise?	☐ Yes	☑ No
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	☐ Yes	☑ No
Does your heart ever race or skip beats while resting or during exercise?	☐ Yes	☑ No
Has a doctor ever told you that you have any heart problems?	☐ Yes	☑ No
If so, check all that apply:		
☐ High blood pressure	☐ A heart murmur	
☐ High cholesterol	☐ A heart infection	
☐ Kawasaki disease	☐ Other:	
Has a doctor ever ordered a test for your heart? (e.g., ECG/EKG, echocardiogram)	☐ Yes	☑ No
Do you get lightheaded or feel more short of breath than expected during exercise?	☐ Yes	☑ No
Do you get more tired or short of breath more quickly than your friends during exercise?	☐ Yes	☑ No
Have you ever had any heart surgery?	☐ Yes	☑ No
Does anyone in your family have an irregular heartbeat?	☐ Yes	☑ No
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accidents, or sudden infant death syndrome)?	☐ Yes	☑ No
Does anyone in your family have a heart problem, pacemaker, or defibrillator?	☐ Yes	☑ No
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	☐ Yes	☑ No
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	☐ Yes	☑ No
Bone and joint questions		
Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?	☑ Yes	☐ No
Have you ever had any broken or fractured bones or dislocated joints?	☑ Yes	☐ No

Have you ever had an injury that required X-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	☑ Yes	☐ No
Have you ever had a stress fracture?	☑ Yes	☐ No
Have you ever been told that you have or had an x-ray for neck instability? (e.g., Down syndrome or dwarfism)	☑ Yes	☐ No
Do you regularly use a brace, orthotics, or other device?	☑ Yes	☐ No
Do you have a bone, muscle, or joint injury that bothers you?	☐ Yes	☑ No
Medical questions		
Do you have any history of juvenile arthritis or connective tissue disease?	☐ Yes	☑ No
Do any of your joints become painful, swollen, warm, or look red?	☐ Yes	☑ No
Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐ Yes	☑ No
Have you ever used an inhaler or taken asthma medicine?	☐ Yes	☑ No
Is there anyone in your family who has asthma?	☐ Yes	☑ No
Were you born without, or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	☐ Yes	☑ No
Do you have groin pain or a painful bulge or hernia in the groin area?	☐ Yes	☑ No
Have you had infectious mononucleosis (mono) within the last month?	☐ Yes	☑ No
Do you have any rashes, pressure sores, or other skin problems?	☐ Yes	☑ No
Have you had a herpes or MRSA skin infection?	☐ Yes	☑ No
Have you ever had a head injury or concussion?	☐ Yes	☑ No
Have you ever had an unexplained seizure?	☐ Yes	☑ No
Have you ever had a hit or blow to the head that caused confusion, long-lasting headaches, or memory problems?	☐ Yes	☑ No
Do you have a history of seizure disorder?	☐ Yes	☑ No
Do you have headaches with exercise?	☐ Yes	☑ No
Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐ Yes	☑ No

Have you ever been unable to move your arms or legs after being hit or falling?	☐ Yes	☑ No
Have you ever become ill while exercising in the heat?	☐ Yes	☑ No
Do you get frequent muscle cramps when exercising?	☐ Yes	☑ No
Have you had any problems with your eyes or vision?	☐ Yes	☑ No
Have you had any eye injuries?	☐ Yes	☑ No
Do you wear glasses or contact lenses?	☐ Yes	☑ No
Do you wear protective eyewear, such as goggles or a face shield?	☐ Yes	☑ No
Have you ever had hearing loss or problems with your hearing?	☐ Yes	☑ No
Do you worry about your weight?	☐ Yes	☑ No
Are you trying to or has anyone recommended that you gain or lose weight?	☐ Yes	☑ No
Are you on a special diet or do you avoid certain types of foods?	☐ Yes	☑ No
Have you ever had an eating disorder?	☐ Yes	☑ No
Do you have any concerns that you would like to discuss with a doctor?	☐ Yes	☑ No
Do you have any other medical problems?	☐ Yes	☑ No
Females only		
Have you ever had a menstrual period?	☐ Yes	☐ No
Have you had any problems with your periods (e.g., severe cramps, heavy bleeding)?	☐ Yes	☐ No
When was your last period?		
What is the frequency of your periods?		

I have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for Marcus Evan Hernandez to have a physical examination, which will include an inguinal and testicular examination for boys and an inguinal examination for girls.

If this exam is performed in the school setting, I understand that if either I or my child refuses to have these areas examined, the OSH Medical provider will not be able to complete this form and clear my child for participation.

Parent /Guardian name and signature: **Maria Hernandez**

Date: January 20, 2025

Note: This form should be retained in the individual's medical file and is not to be returned to the athletic department.

Physical examination form			
	Yes	No	Notes
Do you feel safe at your home or residence?	☑	☐	N/A
Do you feel safe at school?	☑	☐	N/A
Do you ever feel stressed or under pressure?	☑	☐	School workload and sports pressure
Do you feel sad, hopeless, depressed, or anxious?	☐	☑	N/A
Have there been changes in your weight?	☐	☑	N/A
Have you taken supplements to gain/lose weight or improve performance?	☐	☑	N/A
Have you tried cigarettes, alcohol, or drugs?	☐	☑	N/A
Have you taken anabolic steroids or other performance supplements?	☐	☑	N/A
Do you wear a seat belt?	☐	☑	Always wears a seat belt.
Are you using contraceptives?	☑	☐	N/A
Are you sexually active?	☐	☑	N/A
In the past 30 days, did you use cigarettes, alcohol, or drugs?	☐	☑	N/A

Examination	
Height: 5'6" (167 cm)	Sex: ☑ Male ☐ Female
Weight: 60 lbs (72.5 kg)	BP: 120/78 mmHg
Pulse: 70 bpm	Vision: R20/ 20 L20/ 20
Corrected: ☐ Yes ☑ No	

Medical	Normal	Abnormal findings
Appearance	☑	
Eyes/Ears/Nose/Throat	☑	
Lymph nodes	☑	
Heart (Murmurs, PMI, etc.)	☑	
Pulses	☑	
Lungs	☑	
Abdomen	☑	
Genitourinary (Males only)	☑	
Skin (HSV, MRSA, Tinea corporis)	☑	
Neurological	☑	

Musculoskeletal	Normal	Abnormal findings
Neck	✔	
Back (including Scoliosis)	✔	
Shoulder/Arm	✔	
Elbow/Forearm	✔	
Wrist/Hand/Fingers	✔	
Hip/Thigh	✔	
Knee	✔	
Leg/Ankle	✔	
Foot/Toes	✔	
Functional (Duck-Walk, Hop)	✔	
Provider information		
Name of medical provider: Dr. Michael Anderson		
License/NPI number: 9876543210		
Address: 56 Care Blvd., Suite 123, New York, NY 10001		
Phone: (987) 654-3210		
Signature: **Dr. Michael Anderson**		

Disclaimer: The format of this document is adapted from the New York City Department of Education's Preparticipation Physical Evaluation form, available at https://infohub.nyced.org/docs/default-source/default-document-library/preparticipation-physical-evaluation.pdf.