

Belhaven University –Dance Department
PREPARTICIPATION PHYSICAL EVALUATION*

**based on recommendations of the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine*

Patient name _____

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?
 - 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?

EXAMINATION						
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female				
BP	/	(/)	Pulse	Vision R 20/
						L 20/
						Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL				NORMAL	ABNORMAL FINDINGS	
Appearance						
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						
Eyes/ears/nose/throat						
• Pupils equal						
• Hearing						
Lymph nodes						
Heart ^a						
• Murmurs (auscultation standing, supine, +/- Valsalva)						
• Location of point of maximal impulse (PMI)						
Pulses						
• Simultaneous femoral and radial pulses						
Lungs						
Abdomen						
Genitourinary (males only) ^b						
Skin						
• HSV, lesions suggestive of MRSA, tinea corporis						
Neurologic ^c						
MUSCULOSKELETAL						
Neck						
Back						
Shoulder/arm						
Elbow/forearm						
Wrist/hand/fingers						
Hip/thigh						
Knee						
Leg/ankle						
Foot/toes						
Functional						
• Duck-walk, single leg hop						

Are there any conditions (physical or psychological) with the patient that would require special accommodations? If yes, please describe.

- Cleared for full participation
- Cleared after completing evaluation/rehabilitation for:

- Not cleared for: _____ Reason: _____

Recommendations: _____

Belhaven University –Dance Department
PREPARTICIPATION PHYSICAL EVALUATION*

**based on recommendations of the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine*

Patient name _____

Date of birth _____

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport as outlined above. A copy of the physical exam is on record in my office and can be made available to the school 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 physician (print or type) _____ Date _____

Address _____ Phone _____

Signature of Physician (MD, DO, NP, PA-C) _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.