NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practician nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module,

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

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 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 past 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 used any other performance supplement? Have you ever taken anabolic steroids or used any other performance supplement? Have you ever taken anabolic steroids or used any other performance supplement? Do you wear a seat bett, use a helmet, and use condoms? Consider reviewing questions on cardiovascular symptoms (questions 5–14). XAMINATION eight Weight	□ Female	L 20/	Corrected Y N ABNORMAL FINDINGS
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nave examined the above-named student and completed the preparticipation physical eva articipate in the sport(s) as outlined above. A copy of the physical exam is on record in my ise after the athlete has been cleared for participation, a physician may rescind the clearar	office and can be	made available to th	ne school at the request of the parents. If condition
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ame of physician, advanced practice nurse (APN), physician assistant (PA) (print/type)			Date
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