PEDIATRICS

Sports pre-participation physical

Blank documentation outlines. Adapt to the encounter and your practice requirements; complete only findings and care actually documented.

ENCOUNTER

Patient name:

Date of birth:

Date and time of encounter:

Clinician:

PARTICIPATION

Sport or activity and level

Patient and parent or caregiver present

HISTORY

Screening questionnaire used and responses reviewed

Symptoms with exercise as reported

Family history of sudden cardiac death or inherited heart conditions as reported

Prior injuries, concussions and surgeries

Medications and allergies

EXAMINATION

Vitals measured, with units

Vision screening result if performed

Cardiovascular examination findings

Musculoskeletal examination findings

Other examination findings

CLEARANCE DECISION

Cleared, cleared with conditions, or not cleared, and reasoning

Further evaluation or referral needed

Form completed and given to whom