PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam							
Name			Date of birth				
Sex Age Grade Sch	nool		Sport(s)	Sport(s)			
			nedicines and supplements (herbal and nutritional) that you are currently				
	1110 00	dittor in	iodicines and supplements (nerbal and numbrial) that you are currently	taking			
Do you have any allergies? ☐ Yes ☐ No If yes, please ide ☐ Medicines ☐ Pollens	ntify sp	ecific al	lergy below. □ Food □ Stinging Insects				
			1 July Insects				
Explain "Yes" answers below. Circle questions you don't know the an			1 [
GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No		
 Has a doctor ever denied or restricted your participation in sports for any reason? 			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
2. Do you have any ongoing medical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?				
below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:			28. Is there anyone in your family who has asthma?				
Have you ever spent the night in the hospital?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?				
4. Have you ever had surgery?			30. Do you have groin pain or a painful bulge or hernia in the groin area?				
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?				
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		32. Do you have any rashes, pressure sores, or other skin problems?				
Have you ever had discomfort, pain, tightness, or pressure in your			33. Have you had a herpes or MRSA skin infection?				
chest during exercise?			34. Have you ever had a head injury or concussion? 35. Have you ever had a hit or blow to the head that caused confusion,				
7. Does your heart ever race or skip beats (irregular beats) during exercise?			prolonged headache, or memory problems?				
Has a doctor ever told you that you have any heart problems? If so, check all that apply:			36. Do you have a history of seizure disorder?				
☐ High blood pressure ☐ A heart murmur			37. Do you have headaches with exercise?				
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?				
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			39. Have you ever been unable to move your arms or legs after being hit or falling?				
10. Do you get lightheaded or feel more short of breath than expected during exercise?			40. Have you ever become ill while exercising in the heat?				
11. Have you ever had an unexplained seizure?	<u> </u>		41. Do you get frequent muscle cramps when exercising? 42. Do you or someone in your family have sickle cell trait or disease?				
12. Do you get more tired or short of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?				
during exercise?		Banggemante	44. Have you had any eye injuries?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY 13. Has any family member or relative died of heart problems or had an	Yes	No	45. Do you wear glasses or contact lenses?				
unexpected or unexplained sudden death before age 50 (including	ms or had an 0 (including 45. Do you wear glasses or contact lenses? 46. Do you wear protective eyewear, such as goggles or a face shield?						
drowning, unexplained car accident, or sudden infant death syndrome)?			47. Do you worry about your weight?				
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			48. Are you trying to or has anyone recommended that you gain or lose weight?				
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			49. Are you on a special diet or do you avoid certain types of foods?				
15. Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever had an eating disorder?				
implanted defibrillator?			51. Do you have any concerns that you would like to discuss with a doctor?		5 (HALL)		
 Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 			FEMALES ONLY 52. Have you ever had a menstrual period?				
BONE AND JOINT QUESTIONS	Yes	No	53. How old were you when you had your first menstrual period?				
17. Have you ever had an injury to a bone, muscle, ligament, or tendon			54. How many periods have you had in the last 12 months?				
that caused you to miss a practice or a game?			Explain "yes" answers here	-			
Have you ever had any broken or fractured bones or dislocated joints? Have you ever had an injury that required x-rays, MRI, CT scan,							
injections, therapy, a brace, a cast, or crutches?							
20. Have you ever had a stress fracture?							
 Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 							
22. Do you regularly use a brace, orthotics, or other assistive device?							
23. Do you have a bone, muscle, or joint injury that bothers you?							
24. Do any of your joints become painful, swollen, feel warm, or look red?25. Do you have any history of juvenile arthritis or connective tissue disease?							
	<u> </u>						
I hereby state that, to the best of my knowledge, my answers to							
Signature of athlete Signature of	if parent/g	uardian _	Date				

- PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

HYSICIAN REMINDERS 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?				te of birth
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Do you ever feel sad, hopeless, depressed or anxious?				
Do you ever feel sad, nopeless, depressed or anxious? Do you feel safe at your home or residence?				
Do you look out out your homo of rook onlock				
XAMINATION				
eight Weight		O Female		
P / (/) Pulse	Vision R		L 20/	Corrected O Y O N
ppearance		NORMAL	_	ABNORMAL FINDINGS
Marian stigmata (kyphoscd iosis,high-arched palate, pectus excavatum, arachno arm span > height, hypertaxity, myopia, MVP, aortic insufficiency)	odactyly,			
yes/eas/hose/throat		NH		
Pupils equal				
Hearing			_	
ymph nodes eart •				
eart • Murmurs (auscultation standing, supine, +1- Valsalva)	*			
Location of point of maximal impulse (PM)				
Uses				
Simultaneous femoral and radial pulses				
ungs				
bdomen		10		
enitounnary (males only)'				
kin				
HSV, lesions suggestive of MRSA, tinea corporis				
USCULOSKELETAL				
leck				
lack				
houlder/arm				
bowlforearm				
Vrist/hand/fingers				
lip/thigh			-	
nee			-	
eg/ankle				, , , , , , , , , , , , , , , , , , ,
60Vtoes				
unctional				
Duck-walk, single leg hop				
onsider ECG, echocardi ogram, and referral to cardiology for abnormal card do history or exam- oneder GU exam it in private sewing. Having third party present is recommended, onsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concuss	sion.			¥
Cleared for all sports without restriction				
Cleared for all sports without restriction with recommendations for further evaluations	tion or treatmen	t for		
Not cleared				
O Pending further evaluation				
O For any sports			Ţ.	
O For certain sports —— ————————				
—— — Reason				3. (380)
ecommendations — — — — — — — — — — — — — — — — — — —				
				parent clinical contraindications to practice an
nave examined the above-named student and completed the preparticipation articipate in the sport(s) as outlined above A copy of the physical exam is on nons arise after the athlete has been cleared for participation, the physician may explained to the athlete (and parents/guardians).	record in my of	ffice and can be mad	e available to the	schoolat the request of the parents I Londi-
articipate in the sport(s) as outlined above A copy of the physical exam is on r ons arise after the athlete has been cleared for participation, the physician ma	record in my of ay rescind the o	ffice and can be mad of earance unti the p	le available to the roblem is resolved	schoolat the request of the parents. I condi- if and the potential consequences are complete

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