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 a copy of this form in the chart.)

Name _ Sex	Date of birth						
					nedicines and supplements (herbal and nutritional) that you are currently		
		The process pr		, , , , , , , , , , , , , , , , , , ,		taking	
		de Manaciti .			ups *** ,		٠
	ave any allergies?	☐ Yes ☐ No If yes, please	e identify sp	ecific al	lergy below.		
☐ Medi	cines	☐ Pollens			☐ Food ☐ Stinging Insects		
Explain "Y	'es" answers below,	Circle questions you don't know th	e answers	to,			
GENERAL	QUESTIONS	:	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a any re	doctor ever denied or r	estricted your participation in sports for			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
		dical conditions? If so, please identify			27. Have you ever used an inhaler or taken asihma medicine?		
below Other:		emia 🛘 Diabetes 🖟 Infections			28. Is there anyone in your family who has asthma?		
	you ever spent the nigh	t in the hoenital?	=	 	29. Were you born without or are you missing a kidney, an eye, a testide (males), your spleen, or any other organ?		
	you ever had surgery?	t in the troopitals			30. Do you have groin pain or a painful bulge or hemia in the groin area?	 	
	ALTH QUESTIONS AB	OUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?	 	
		nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?	 	
	exercise?				33. Have you had a herpes or MRSA skin Infection?		
6. Have y	you ever had discomfor	t, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?		<u> </u>
	during exercise? your heart ever race or	skip beats (irregular beats) during exerci	ise?		35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
		at you have any heart problems? If so,			36. Do you have a history of seizure disorder?		
	all that apply: igh blood pressure	☐ A heart murmur			37. Do you have headaches with exercise?		
□н	gh cholesterol awasaki disease	A heart infection Other:			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
9. Has a echoc	doctor ever ordered a t ardiogram)	est for your heart? (For example, ECG/EK	(G,		39. Have you ever been unable to move your arms or legs after being hit or falling?		
		more short of breath than expected			40. Have you ever become ill while exercising in the heat?		
	exercise?			<u> </u>	41. Do you get frequent muscle cramps when exercising?		
	you ever had an unexpl				42. Do you or someone in your family have sickle cell trait or disease?		
durina	i get more tirea or snor axercise?	t of breath more quickly than your friend	ls i		43. Have you had any problems with your eyes or vision?	<u> </u>	
	ALTH QUESTIONS AB	OUT YOUR FAMILY	Yes	No	44. Have you had any eye injuries?		
13. Has ar	ny family member or re	lative died of heart problems or had an			45. Do you wear glasses or contact lenses?	ļ	
unexp drown	ected or unexplained so ing, unexplained car ac	idden death before age 50 (including cident, or sudden Infant death syndrome	1)?		46. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you worry about your weight?		
syndro	me, amhythmogenic rig	ave hypertrophic cardiomyopathy, Marfai ht ventricular cardiomyopathy, long QT	1		48. Are you trying to or has anyone recommended that you gain or lose weight?		
syndro polym	ıme, short QT syndromi orphic ventricular tachy	s, Brugada syndrome, or catecholaminer cardia?	gic		49. Are you on a special dlet or do you avoid certain types of foods?		
		ave a heart problem, pacemaker, or	 		50. Have you ever had an eating disorder?		
ımpiar	ited délibrillator?				51. Do you have any concerns that you would like to discuss with a doctor?	L	
16. Has ar	iyone in your family had es, or near drowning?	d unexplained fainting, unexplained			FEMALES ONLY		
	JOINT QUESTIONS		Vee	No ·	52. Have you ever had a menstrual period?		
		o a bone, muscle, ligament, or tendon	Yes	NO	53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months?	-	
that ca	sused you to miss a pra	ctice or a game?		,	Explain "yes" answers here	<u> </u>	
		n or fractured bones or dislocated joints?	7		Explain yes answers here		
19. Have y	rou ever had an injury t ons, therapy, a brace, a	hat required x-rays, MRI, CT scan, cast, or cratches?					
	ou ever had a stress fr		-				
21. Have y	ou ever been told that	you have or have you had an x-ray for no bility? (Down syndrome or dwarfism)	eck				
		orthotics, or other assistive device?					
		or joint injury that bothers you?					
24. Do any	of your joints become	painful, swollen, feel warm, or look red?					
25. Do you	r have any history of ju	venile arthritis or connective tissue disea	se?				
hereby s		st of my knowledge, my answers			stions are complete and correct.		
Signature of a	ethlete	Signal	ture of parent/g	wardian	Date		
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HESSGS
9-285UG-110

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exar	n						
Name				Date of birth			
Sex	Age	Grade	School	Sport(s)			
1. Type of c	disability						
2, Date of c			4007		*** *		
3. Classific	ation (if available)						
		ease, accident/trauma, other)					
	sports you are intere						
					Yes	No	
6. Do you re	egularly use a brace	e, assistive device, or prosthetic	5?	-			
7. Do you u	7. Do you use any special brace or assistive device for sports?						
8. Do you have any rashes, pressure sores, or any other skin problems?							
9. Do you have a hearing loss? Do you use a hearing aid?							
	10. Do you have a visual impairment?						
		ces for bowel or bladder function	on?				
	12. Do you have burning or discomfort when urinating?						
	13. Have you had autonomic dysreflexia?						
			iermía) or cold-related (hypothermia) illne	ss?			
	ave muscle spastici				ļ	·	
		es that cannot be controlled by	medication?			l	
Explain "yes"	answers here				·		
					-		
,							
	_			· · · · · · · · · · · · · · · · · · ·	 	···	
Please indica	te if you have ever	r had any of the following.					
					Yes	Ho	
Atlantoaxial in			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	tion for atlantoaxial	instability					
X-ray evaluat	tion for atlantoaxial ints (more than one						
X-ray evaluat	ints (more than one)						
X-ray evaluat Dislocated join	ints (more than one) 9						
X-ray evaluat Dislocated join Easy bleeding	ints (more than one) 9						
X-ray evaluat Dislocated joi Easy bleeding Enlarged sple Hepatitis Osteopenia o	ints (more than one) g een vrosteoporosis						
X-ray evaluat Dislocated joi Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty con	ints (more than one g een or osteoporosis trolling bowel						
X-ray evaluat Dislocated jol Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty con Difficulty con	ints (more than one) g gen een or osteoporosis strolling bowel trolling bladder						
X-ray evaluat Dislocated joi Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty com Numbness or	ints (more than one) g een or osteoporosis strolling bowel trolling bladder r tingling in arms or	hands					
X-ray evaluat Dislocated jol Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty con Numbness or Numbness or	ints (more than one) g een or osteoporosis trolling bowel trolling bladder r tingling in legs or f	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty con Numbness or Numbness or Weakness in	ints (more than one) g gen or osteoporosis trolling bowel trolling bladder r tingling in tegs or f arms or hands	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty con Numbness or Numbness or Weakness in	ints (more than one) gen or osteoporosis strolling bowel strolling bladder or tingling in arms or or tingling in legs or f arms or hands legs or feet	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent change	ints (more than one) g gen or osteoporosis strolling bowel trolling bladder r tingling In arms or r tingling in legs or f arms or hands legs or feet ge in coordination	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Recent chang	ints (more than one) gen or osteoporosis strolling bowel strolling bladder or tingling in arms or or tingling in legs or f arms or hands legs or feet	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged sple Hepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Recent chang Spina bifida	ints (more than one) g een or osteoporosis strolling bowel trolling bladder or fingling in arms or tingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged splet Hepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Spina bifida Latex allergy	ints (more than one) g gen or esteoporosis strolling bowel strolling bladder retingling in arms or retingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk	hands					
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X-ray evaluat Dislocated joi Easy bleeding Enlarged splet Hepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Spina bifida Latex allergy	ints (more than one) g gen or esteoporosis strolling bowel strolling bladder retingling in arms or retingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged splet tlepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Recent chang Spina biffid Latex allergy	ints (more than one) g gen or esteoporosis strolling bowel strolling bladder retingling in arms or retingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged splet tlepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Recent chang Spina biffid Latex allergy	ints (more than one) g gen or esteoporosis strolling bowel strolling bladder retingling in arms or retingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged splet tlepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Recent chang Spina biffid Latex allergy	ints (more than one) g gen or esteoporosis strolling bowel strolling bladder retingling in arms or retingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged splet tlepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Recent chang Spina biffid Latex allergy	ints (more than one) g gen or esteoporosis strolling bowel strolling bladder retingling in arms or retingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk	hands					
X-ray evaluat Dislocated joi Easy bleeding Enlarged splet Hepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Recent chang Spina biffida Latex allergy Explain "yes"	ints (more than one) g gen or osteoporosis strolling bowel strolling bladder retingling in arms or retingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk d' answers here	hands	s to the above questions are complete				
X-ray evaluat Dislocated joi Easy bleeding Enlarged splet Hepatitis Osteopenia o Difficulty com Numbness or Numbness or Weakness in Recent chang Recent chang Spina biffida Latex allergy Explain "yes"	ints (more than one) g een or osteoporosis trolling bowel trolling bladder r tingling in arms or r tingling in legs or f arms or hands legs or feet ge in coordination ge in ability to walk answers here	hands eet	s to the above questions are complete		Date		

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

PHYSICIAN REMINDERS

Do you feel stress Do you ever feel s Do you feel safe a Have you ever free During the past 3i Do you drink alco Have you ever tak Have you ever tak Do you wear a see Consider reviewing	questions of more sensing issues seed out or under a lot of pressure? sad, hopeless, depressed, or anxious? it your home or residence? de digarettes, chewing tobacco, snuff, or dip? O days, did you use chewing tobacco, snuff, or dip or use any other drugs? ten anabolic steroids or used any other perform ten any supplements to help you gain or lose we at belt, use a helmet, and use condoms? questions on cardiovascular symptoms (questions)	ance supplement? alght or improve your ons 5–14).	performance?			
EXAMINATION				-		
Height	Weight	☐ Male				
BP /	(/) Pulse	Vision		L 20/	Corrected D Y D N	
	phoscoliosis, high-arched palate, pectus excavatuπ ηγρετιαχίτy, πιγορία, MVP, aortic insufficiency)	n, arachnodactyly,	NORMAL		ABNORMAL FINDINGS	
Eyes/ears/nose/throat Pupils equal Hearing						
Lymph nodes						
 Location of point of r 	on standing, supine, +/- Valsalva) maximal impulse (PMI)					
Pulses Simultaneous fernora Lungs	al and radial pulses					
Abdomen		· · · · · · · · - · · - · ·				
Genilourinary (males on	lly) ^b		1			_
	ive of MRSA, tinea corporis					
Neurologic* MUSCULOSKELETAL		*:				
Neck		•		- 		
Back						
Shoulder/arm						
Elbow/forearm			ļ			
Wrist/nand/fingers Hip/thigh			ļ			
Knee						
Leg/anide			 			
Foot/toes				<u> </u>		
Functional		•				
Duck-walk, single le	· · · · · · · · · · · · · · · · · · ·		l .			
*Consider GU exam If in priva *Consider cognitive evaluation Cleared for all sports	am, and referral to cardiology for abnormal cardiac history of its setting. Having third party present is recommended. In or baseline neuropsychilatric testing if a history of significal without restriction without restriction with recommendations for furth	ant concussion.	ent for	······································	******	
□ Not cleared						_
☐ Pendin	g further evaluation					
☐ For any	r sports					
☐ For cer	tain sports					
	n					
Recommendations						
						_
participate in the sport(nove-named student and completed the prepart (s) as outlined above. A copy of the physical exa as been cleared for participation, a physician m nois/guardians).	am is on record in my	office and can be n	nade available to i	he school at the request of the parents. It condi	tions
	vanced practice nurse (APN), physician assista					
	, APN, PA					_
Society for Sports Medica HEGS03	my of Family Physicians, American Acedemy of Ped ine, and American Osteopathic Acedemy of Sports I of Education 2014; Pursuant to P.L.2013, c.71				fucational purposes with acknowledgment.	1/0410

Date of birth

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Name		Sex 🗆 M 🗇 F Age	Date of birth
Cleare	ed for all sports without restriction		••
□ Cleare	ed for all sports without restriction with recommendation	s for further evaluation or treatment for	
			· .
□ Not cl	eared	·	
product.	☐ Pending further evaluation		
	☐ For any sports		
	☐ For certain sports		
	Reason		· · · · · · · · · · · · · · · · · · ·
Recomme	ndations		
		•	
EMERG	ENCY INFORMATION		
Allergies		•	:
_			
Other info	rmation		
			·
clinical and can the phys (and pai	xamined the above-named student and comple contraindications to practice and participate in be made available to the school at the request sician may rescind the clearance until the prob ents/guardians).	the sport(s) as outlined above. A copy of the of the parents. If conditions arise after the lem is resolved and the potential consequen	e physical exam is on record in my office athlete has been cleared for participation, ces are completely explained to the athlet
Name of	physician, advanced practice nurse (APN), physician	assistant (PA)	
Address	physician, advances places noise (Al 14), physician	t vy	Phone Date
	of physician, APN, PA		
	ed Cardiac Assessment Professional Development Mi		
Date	Signature		
	Olgridado		

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