PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Name:			Date of birth:	
Date of examination:	Sp.	port(s):		
lictory		w do you identify you	r gender? (F, M, or oth	er):
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past surgion	cal procedure	95		
Medicines and supplements: List all current prescrip	otions, over-tl	ne-counter medicines	and supplements (but	-1 - 1 - m - n
			and supplements (nero	ai ana nvinilional).
Do you have any allergies? If yes, please list all you	or allergies (ic	, medicines, pollens	food stinging in-a-t-1	
		, maries, policis,	ood, siniging insects).	
Patient Health Questionnaire Version 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bot	thered by any	of the following prob	lems? (check box next t	o appropriate numbe
eeling nervous, onxious, or on edge	1101010	an Several days	Over half the days	Nearly every day
lot being able to stop or control worrying	∐°		□ 2	
the interest or pleasure in doing things			□ 2	□3
peling down, depressed, or hopeless	Цo		<u>2</u>	□3
Δ sum of >2 in and it is the	□0		<u> </u>	<u>□</u> 3
(A sum of ≥3 is considered positive on either su	pscale [dnes	tions I and 2, or ques	tions 3 and 4] for scree	ening purposes.)
ENERAL OUTSTIONS		क्षेत्रस्य स्थान	ETIONE ABOUT YOU	
The control of the second seco		SCOMINUM:		
clerates in neutron de marchier de la constant de l	116	S(GO)VII(VINED)		2G5 2N6
Do you have any concerns that you would like to	<u>1</u> 100	9. Do you get ligh	t-headed or feel shorter o	F breath
. Do you have any concerns that you would like to discuss with your provider?	# No	9. Do you get ligh than your friend	t-headed or feel shorter o ds during exercise?	F breath
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your		9. Do you get ligh	t-headed or feel shorter o ds during exercise?	f breath
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason?	306	9. Do you get lighthan your friend	it-headed or feel shorter o ds during exercise? nad a seizure?	f breath
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness?	3. (c)	9. Do you get lighthan your friend 10. Have you ever	t-headed or feel shorter o ds during exercise? had a seizure?	f breath C
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness?		9. Do you get lighthan your friend 10. Have you ever ##################################	t-headed or feel shorter of ds during exercise? Trad a seizure? TRONS A Selling You seld of the documents or relative died of the documents	f breath C
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness?		9. Do you get lighthan your friend 10. Have you ever 113 (31 13 4) 14 15 11 11. Has any family problems or had sudden death by	t-headed or feel shorter or ds during exercise? had a seizure? :HONS/ACOUTS (OUT). member or relative died or I an unexpected or unexpetore age 35 years lindud	f breath Theart Theart
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness?		9. Do you get lighthan your friend 10. Have you ever 113 (31 13 4) 14 15 11 11. Has any family problems or had sudden death by	t-headed or feel shorter of ds during exercise? Trad a seizure? TRONS A Selling You seld of the documents or relative died of the documents	f breath Theart Theart
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness? Have you ever passed out or nearly passed out during or after exercise?		9. Do you get lighthan your friend 10. Have you ever 11. Has any family problems or had sudden death be drowning or une	t-headed or feel shorter of ds during exercise? TIONS/ABOUTS (0)(187) member or relative died of an unexpected or unexpected or unexpected or unexperted or crash)?	f breath I heart lained ling
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness? Have you ever passed out or nearly passed out during or after exercise?		9. Do you get lighthan your friend 10. Have you ever 11. Has any family problems or had sudden death be drowning or une	theaded or feel shorter of de during exercise? INCONSANCE IN STONIA 3.4 member or relative died of an unexpected or unexpected	f breath I TO
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness? Have you ever passed out or nearly passed out during or after exercise? Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		9. Do you get lighthan your friend 10. Have you ever 11. Has any family problems or had sudden death be drowning or une 12. Does anyone in problem such as (HCM), Marfan	theaded or feel shorter of ds during exercise? It of the state of the	f breath MIN TG NO Heart Jained J
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness? Have you ever passed out or nearly passed out during or after exercise? Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		9. Do you get lighthan your friend 10. Have you ever 11. Has any family problems or had sudden death be drowning or une 12. Does anyone in problem such as (HCM), Marfan ventricular cardi	theaded or feel shorter of ds during exercise? It do a seizure? It of the	f breath MIN TG NO I heart lained ling c heart pathy c right OT
Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness? Have you ever passed out or nearly passed out during or after exercise? Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		9. Do you get lighthan your friend 10. Have you ever 11. Has any family problems or had sudden death be drowning or une 12. Does anyone in problem such as (HCM), Marfan ventricular cardisyndrome (LQTS)	theaded or feel shorter of ds during exercise? It do a seizure? It (O) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	f breath MIN TG: NO I heart lained ling C heart pathy c right QT TS)
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Do you have any concerns that you would like to discuss with your provider? Has a provider ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical issues or recent illness? NOTIFICATION FOR THE PROPERTY COLUMN AND THE PROPERTY OF THE PR		9. Do you get lighthan your friend 10. Have you ever 11. Has any family problems or had sudden death be drowning or une 12. Does anyone in problem such as (HCM), Marfan ventricular cardisyndrome (LQTS) Brugada syndrome	theaded or feel shorter of ds during exercise? It do a seizure? It (O) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	f breath MIN TG: NO I heart lained ling C heart pathy c right QT TS)
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7. 1	NEANDMOINTROUESTIONS	l d'a			EDICALE OUTSTONES (GONTINUED)
14	. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			2	Do you worry about your weight? Are you trying to or has anyone recommended that you gain or lose weight?
	. Do you have a bone, muscle, ligament, or joint injury that bothers you?			27	Are you on a special diet or do you avoid certain types of foods or food groups?
-	ninvernence	Ye	到歌	28	Have you ever had an eating disorder?
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			運	MALES ONLY Tes
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			11	Have you ever had a menstrual period? How old were you when you had your first menstrual period?
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		ılг	31.	When was your most recent menstrual period?
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus			32.	How many periods have you had in the past 12 months?
20.	(MRSA)? Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				The state of the s
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?				
2.	Have you ever become ill while exercising in the heat?				
3,	Do you or does someone in your family have sickle cell trait or disease?				
4.	Have you ever had or do you have any prob- lems with your eyes or vision?				

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name:				Date of bi	rth:		
PHYSICIAN REMINDER							
 Consider additional 	al questions on more-sensit	ive issues					
 Do you feel stre 	essed out or under a lot of	pressures					
 Do you ever fee 	el sad, hopeless, depressed	ac anvious?					
 Do you teel safe 	e at your home or residenc	-e3					
During the part	rried cigarettes, e-cigarette	s, chewing tobacco, snuff, or d	ibŝ				
Do you drink at	cohol or use any other dru	wing lobacco, snuff, or dip?					
 Have you ever t 	aken anabolic steroids or i	used any other port	, ,				
, , , , , ,	Augus and applicationing to the	lein voil doin or lose weight	inancing supplemi	euts			
				tormances			
2. Consider reviewing	questions on cardiovascul	ar symptoms (Q4-Q13 of Histo	ory Form).				
A COLUMNIA MET							
Height:	Weight:				ASSESSMENT OF SURF		
BP: / (/ 1 Pulse:	Vision: R 20/	L 20/	Correct	ed.	Y 🔲 N	
MEDICAL							INORMAL INDING
Appearance					#AUCUL	LAL WAL	DV CRUMARINDING
Martan stigmata (ky)	phoscoliosis, high-arched	palate, pectus excavatum, aracl	hnodactyly, hyper	laxity.		1	
my epital tillital valve	broughse (MAL), and doll	ic insufficiency)		"	L]	
Eyes, ears, nose, and thrPupils equal	oat						***************************************
Hearing							
Lymph nodes					<u> </u>	'	
Heart ^e							**************************************
	n etemplism in the c						
Lungs	r sidilating, auscultation su	pine, and ± Valsalva maneuver)				
Abdomen							
Skin							
Herpes simplex virus (HSVI lesions suggestive a	f methicillin-resistant Staphyloco					
tinea corporis	· · · // restorts suggestive o	memicilin-resistant staphyloci	occus aureus (MR)	SA), or		ĺ	
Veurological							
MUSQUIOS(BIE/A)					L	atte erano	
Veck					MONING.		IORMANINDINGS
ack							
houlder and arm							
bow and forearm							
Vrist, hand, and fingers							
ip and thigh		**************************************					
nee							
g and ankle							
oot and toes							
nctional							
					$\overline{\Box}$	T	
Countries squartest, s	ingle-leg squat test, and bo	ox drop or step drop test					
onsider electrocardiograp	ohy (ECG), echocardiograp	phy, referral to a cardiologist fo	r abnormal cardi	ac history o	r exam	ination fir	odinas, or a combi-
on of mose,	to the experience	·		•			gay or a comple
ne or neurin care protess	ional (print or type):				D	ote:	
untura of boolib				Phone	:		

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PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM Date of birth: Medically eligible for all sports without restriction Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of Medically eligible for certain sports Not medically eligible pending further evaluation ☐ Not medically eligible for any sports Recommendations: I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians). Address: ______ Phone: _____ Signature of health care professional: , MD, DO, NP, or PA SHARED EMERGENCY INFORMATION Medications: Other information: _____ Emergency contacts:

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PREPARTICIPATION PHYSICAL EVALUATION ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name:	Date of birth:	
1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, in	njury, or other):	
5. List the sports you are playing:		
6. Do you regularly use a brace, an as	sistive device, or a prosthetic device for daily activities?	Yes IN
The property of the special place of use	Istive device for const-2	
8. Do you have any rashes, pressure so	ores or other skip problems?	
7. Do you have a hearing loss? Do you	use a hearing gid?	
10. Do you have a visual impairment?		
11. Do you use any special devices for b	owel or bladder function?	
 Do you have burning or discomfort w 	hen urinoling?	
Have you had autonomic dysreflexion		
Have you ever been diagnosed as have	ing a heat-related (hyperthermia) or cold-related (hypothermia) illness?	
, moseic spasifility		
16. Do you have frequent seizures that ca	innot be controlled by medication?	
xplain "Yes" answers here.	- / medianon.	
lease indicate whether you have ex	ver had any of the following conditions:	
Allantoaxial instability		YGS No
		NAME OF TAXABLE
Radiographic (x-ray) evaluation for atlant Dislocated joints (more than one)	oaxial instability	
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Veakness in arms or hands		
Veakness in legs or feet		
ecent change in coordination		
change in coordination		
ecent change in ability to walk		2 E
ecent change in ability to walk oina bifida		
ecent change in ability to walk pina bilida utex allergy		
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ecent change in ability to walk pina bilida utex allergy plain "Yes" answers here.	nowledge my see a l	
ecent change in ability to walk pina bifida utex allergy plain "Yes" answers here. preby state that, to the best of my k plaire of athlete:	nowledge, my answers to the questions on this form are complete	and correct,
ecent change in ability to walk pina bilida utex allergy plain "Yes" answers here.	nowledge, my answers to the questions on this form are complete	and correct,

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