Date of birth

PHYSICAL EXAMINATION FORM

Name

PHYSICIAN REMINDERS 1. Consider additional questions on more sensitive issues • Do you eyer feel sad, hopeless, depressed, or anxious? • Do you eyer 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 sterioids or used any other performance s • Have you ever taken any supplements to help you gain or lose weight of the pour gain or lose weight of the pour gain or lose weight or the pour gain or lose weight	or improve your performance?		
EXAMINATION			
Helght Weight	☐ Male ☐ Fer		
BP / (/) Pulse	Vision R 20/	L 20/	Corrected 🗆 Y 🗆 N
MEDICAL		ORMAL	ABNORMAL FINDINGS
Appearance Marian stigmata (kyphoscollosis, high-arched palate, pectus excavatum, arm span > helght, hyperlaxity, myopia, MVP, aortic insufficiency)	, arachnodactyly,		
Eyes/ears/nose/throat Pupils equal Hearing			
Lymph nodes			
Heart*			
Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ⁶			
Skin			
HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic -			
MUSCULOȘKELETAL			
Neck			
Back			
Shoulder/arm			
Etbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
FooVloes			
Functional Duck-walk, single lag hop			
**Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or a **Consider GU oxam it in private setting. Having third party present is recommended. **Consider cognitive evaluation or baseline neuropsychilatric testing if a history of significant Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further	et concussion.		
□ Not cleared			
Pending further evaluation			
For any sports			
☐ For certain sports			
Reason			
Recommendations			
I have examined the above-named student and completed the preparticly participate in the sport(s) as outlined above. A copy of the physical examinations arise after the athlete has been cleared for participation, the physic explained to the athlete (and parents/guardians).	t is on record in my office and clan may rescind the clearand	i can be made available to e until the problem is resol	lie school at the request of the parents. If condi- ved and the potential consequences are completely
Name of physician (print/type)			Date
Address			
Signature of physician			, MD or DO

F REFARIOFATION I MIDICAL EVALUATION

CLEARANCE FORM

Name	Sex 🗆 M 🗀 F Age	Date of birth
☐ Cleared for all sports without restriction		
☐ Cleared for all sports without restriction with recommendations f	or further evaluation or treatment for	
□ Not cleared		
☐ Pending further evaluation		
☐ For any sports		
☐ For certain sports		
Reason		
Recommendations		
the physician may rescind the clearance until the probler (and parents/guardians).	n is resolved and the potential consequenc	es are completely explained to the athlete
Name of physician (print/type)		Date
Address		Phone
Signature of physician		, MD or DO
EMERGENCY INFORMATION		
Allergies		
	T	
Other information		
		-

■ 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.)

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (he that and nutritional) that you are currently to the prescription and over-the-counter medicines and supplements (he that and nutritional) that you are currently to the prescription and over-the-counter medicines and supplements (he that and nutritional) that you are currently to the prescription and over-the-counter medicines and supplements (he that and nutritional) that you are currently to the prescription and over-the-counter medicines and supplements (he that and nutritional) that you are currently to the prescription and the prescriptio		Date of birth			me
Do you have any afterglas? Ves No II yes, please identify specific allergy below. Food Stingling insects		Sport(s)		001	Grade Sc
Medicines Pollens Pollens Pollens Food Stingling Insects	aking	nedicines and supplements (herbal and nutritional) that you are currently	iunter me	-the-co	edicines and Allergies: Please list all of the prescription and over
A class you ever specified or restricted your participation in sports for any reason? A compared to the property medical conditions? If an phase identify any compared to the property medical conditions? If an phase identify to the property medical conditions? If an phase identify to the phase identified to the phase identifie				ntify sp	
Lines a doctor ever doubled or resinkbeld your participation in sports for wary reasons."			to.	swers	viain "Yes" answers below. Circle questions you don't know the a
1. Has a doctor error devided or resisteled your participation in sports for any reason? 2. Do you have any coupting medical conditional? it so, please identify below! Arthur medical conditional? it so, please identify below! Arthur medical conditional? it so, please identify below! Arthur medical conditional? Dilettres Arthur medical conditional conditional conditions Arthur medical conditional conditions Arthur medical conditional conditions Arthur medical conditional conditions Arthur medical conditions Dilettres Dilettre	Yes A	MEDICAL QUESTIONS	1000000		
2. Do you have any ongoing medicat concilions of ites, please identify below() Extractions () Other:		26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			. Has a doctor ever denied or restricted your participation in sports for
3. Have you ever spend the right in the hospital? HEART HEALTH COUSTIONS ASPUT YOU Yes No 131. Have you had infectious mononucleosis (mone) within the less timosth? 33. Have you are passed out or mostly passed out DURING or AFTER exercise? 154. Have you ever bead discomfort, pain, lightness, or pressure in your chest during exercises? 155. Have you ever had a flower from the hospital passed out DURING or AFTER exercise? 156. Have you ever had a flower from the hospital backs during exercises? 157. Does your Kent ever race or side beats during exercises? 158. Have you ever had a flower flo		28. Is there anyone in your family who has asthma?			. Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections
Section New you be passed out or nearly passed out DURING or AFTER working?		(males), your spleen, or any other organ?			
5. Have you ever based onto renary passed out 0.0RNIRG or AFTER according? 6. Have you ever had disconforth, pain, lightnesse, or pressure in your chest during exercise? 7. Does your heart ever rates or skip beats (grogular beats) during exercise? 8. Have you ever had of his poly: 8. Have you ever had of his poly: 9. Has a factor ever told you bat you have any heart problems? If so, called all poly: 9. High bedoesterol A heart infection 9. Has a factor ever offered a test for your heart? (for example, ECO/EKG, elechocardiograph) 9. Has a factor ever offered a test for your heart? (for example, ECO/EKG, elehocardiograph) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seltcure? 12. Do you get more tred or short of breath more quickly than your friends during exercise? 13. Has any family member or relative diled of heart problems or had an unexpected or unexplained suddern death thorize age 50 (finchioring)? 14. Bas any family member or relative diled of heart problems or had an unexpected or unexplained suddern death thorize age 50 (finchioring)? 15. Does suppose in your family have hispartrophic cardiomycepts, Mantan syndrome, abort for a planning have bypartrophic cardiomycepts, Mantan syndrome, abort for a planning have a beart of relative for or each colombinary color your problems. 15. Does suppose in your family have a heart problems or indentification. 16. Has anyone in your family have a heart problems or death of the suppose of the problems o					
AFFER searcise? All have you ever had discomfort, pain, Lighthess, or pressure in your chest during exercise? Noes your heart were race or skip beats (erequier beats) during exercise? A has a doctor ever told you that you have any heart problems? it so, check will that apply: I fligh blood pressure A heart murmur; Brigh blood pressure A heart murmur; A heart frection Cherical that apply: Staws and disease Other: A heart forcition Reversald disease Other: Staws and disease Other: Output get lightheaded or feel more short of breath than expected during exercise? A heart of breath than expected during exercise? A heart of breath than expected during exercise? A heart you over had an unexplained selzure? A heart freatile (Destroints A BOUT YOUR FAMILY) To you get lightheaded or feel more short of breath more quickly than your friends during exercise? A heart you over had an unexplained selzure? A heavy you ever had an indeption of the heart problems or had an unexplained exercise of the heart problems or had an unexplained exercise? A heavy you ever had an indeption of heart problems or had an unexplained exercise? A heavy you ever had an indeption of heart problems or had an unexplained exercise? A heavy you were had an indeption of heart problems or had an unexplained exercise or related for heart problems or had an unexplained exercise? A how you were had an indeption of the heart problems or had an unexplained fainting, unexp			No	Yes	
Have you ever had a filecomfort, pain, lightness, or pressure in your cheek during exercise?					
chest during exercise? No bes your head rewer race or skilp beats (pregulair beats) during exercise? Next as dector ever fold you that you have any heart problems? If so, check all that apply: High blood pressure A heart murmur High cholesterol A heart infection Next assal disease Other: Next a doctor ever cordered a test for your heart? For example, ECG/EKG, echocardiogram? Our up at lightheaded or feel more about of breath than expected during exercise? Do you get lightheaded or feel more about of breath than expected during exercise? Do you get lightheaded or feel more about of breath than expected during exercise? Do you get lightheaded or feel more about of breath than expected during exercise? Like you serk had an unexplained selcure? Do you get more lifed or short of breath more quickly than your friends during exercise? Heart Heart if Questions ABOUT YOUR FAMILY No. Heart Infection Hea			+-		
7. Does your heart ever race or skly beats (irregular beats) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that esply: Inje blood pressure A heart murrur Kawasald disease Other: Kawasald disease Other: No you get fire wor ordered a text to your heart? (For example, ECC/EKS, echocardiogram) Do you get fire what an unexplained setzure? 12. Do you get fire what an unexplained setzure? 13. Has any family member or relative died of heart problems or had an unexplained setzure? 14. Does anyone in your family had each problems or had no syndroms), short of the syndroms, shrowing, unexplained ear acceler, or audien hinter death syndroms? your own in your family have a heart problem, pacemaker, or implicited delibridiator? 15. Does anyone in your family have a heart problem, pacemaker, or implicited delibridiator? 16. Has anyone in your family have a heart problem, pacemaker, or implicited delibridiator? 17. Has anyone in your family have a heart problem, pacemaker, or implicited filteralized in the state of the set in the se					
check all field spoky: High cholesterol A heart infection Wigh cholesterol A heart infection Wigh cholesterol A heart infection Wigh cholesterol A heart infection Wight cholesterol A heart infection A heart infection Wight cholesterol A heart infection Wight cholesterol A heart infection A heart infection Wight cholesterol A heart infection A he		35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			. Does your heart ever race or skip beats (irregular beats) during exercise?
High blood pressure A heart murmur A heart mirection A hea		36. Do you have a history of saizure disorder?			
Savesakd disease Other:					☐ High blood pressure ☐ A heart murmur
echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tited or short of breath more quickly than your friends during exercise? 13. Has any family member or relative died of heart problems or had an unexplained seizure died of heart problems or had an unexplained seizure died of heart problems or had an unexplained sudden death before age 50 (including drowning), unexplained as excellent, or sudden inlant death syndrome)? 14. Has any family member or relative died of heart problems or had an unexplained sudden death before age 50 (including drowning), unexplained excellent, or sudden inlant death syndrome)? 15. Does anyone in your family have hypertrophic cardiomyopathy, long 07 syndrome, short 01 syndrome, Brugada syndrome, or estacholarminargic polymorphic verticular tachycardis? 15. Does anyone in your family have a heart problem, pacemaker, or implanted delibriliator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted delibriliator? 17. Have you over had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 29. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cruches? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cruches? 20. Do you have any history of juvenile arthritis or connective issue disease? 21. Go you have any brone, muscle, or joint injury that bothers you? 22. Do you have any history of juvenile arthritis or connective issue disease? 23. Do you have any history of juvenile arthritis or connective issue disease? 24. Do you are any history of juvenile arthritis or connective issue disease? 25. Do you have any history of juvenile arthritis or connective issue disease? 26.		legs after being hit or falling?			Cher:
during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? 13. Has any family member or relative did of heart problems or had an unexplained sudden death before age 50 (including drowning, unexplained are accident, or sudden inlant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Morfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Morfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Morfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Morfan syndrome, brigades syndrome, or catecholamburgic polymorphic ventricular bactycardia? 15. Does enyone in your family have a heart problem, pacemaker, or implanted delibritiator? 16. Has anyone in your family have an heart problem, pacemaker, or implanted delibritiator? 17. Have you ever had a nesting disorder? 18. Have you ever had a nilipty had unexplained fainting, unexplained setting fainting, unexplained fainting, unexplained fainting, unexplained fainting, unexplained fainting, unexplained fainting, unexplained		or falling?			
11. Have you ever had an unexplained setzure? 12. Do you get more tired or short of breath more quickly than your friends during exarctse? 13. Has any family member or relative disd of heart problems or had an unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including syndrome, short 01 syndrome, for sudden hinant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopetty, Marfan syndrome, short 01 syndrome, short 01 syndrome, short 01 syndrome, short 01 syndrome, grugada syndrome, or catecholaminergic polymorphic ventricular tachycardis? 15. Does anyone in your family have a heart problem, pacemaker, or implanted detibriliator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted detibriliator? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injurctions, therapy, a brace, a cast, or crutches? 20. Have you ever had an injury that tequired x-rays, MRI, CT scan, injurity that the you have or have you had an x-ray for neck instability or attentoaxial instability? (Bown syndrome or dwarfam) 20. De you required you have a brace, or toutches? 21. Have you ever had an injury that bothers you? 22. Do you have any history of juvenile arthritis or connective tissue disease? 23. Do you have any history of juvenile arthritis or connective tissue disease? 24. On any of your joints become paintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? 26. Do you have any history of juvenil					
12. Do you get more tired or short of breath more quickly than your friends during exercise? **EART HEALTH QUESTIONS ABOUT YOUR FAMILY 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (fincleding drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopethy, Martan syndrome, short 01 syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tackpardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted definitional or controlled or setures, or near drowning? 16. Has anyone in your family have a heart problem, pacemaker, or implanted definitional or setures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. 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? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.			-		
## Authorized Company of Family 1998 and Section of Section 1999 and Secti				_	Have you ever had an unexplained selzure?
### Neary Diversions About Your Fallin: 13. Has any family member or relative didd of heart problems or had an unexplacited or unexplained sudden death before age 50 finduding drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Martan syndrome, arrhythmogenic right ventricular cardiomyopathy, fong 0T syndrome, short 0T syndrome, Brugada syndrome, or catecholaminargic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted delibridiator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, herapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you have a bone, muscle, or joint injury that tequired x-rays, MRI, CT scan, instability or attanioaxial instability? (Down syndrome or dwarfiam) tensel instability or attanioaxial instability? (Down syndrome or dwarfiam) tensel benefits become paintil, swofien, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.					
13. Mas any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning), inexplained sudden feath to hypertrophic cardiomyopathy, Marfan syndrome, short QT syndrome, Brugada syndrome, or catecholaminargic polymorphic venificular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibritiator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted defibritiator? 17. Have you ever had an injury to a bone, muscle, ligament, or fendon that caused you to miss a practice or a game? 18. Havo you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had a finjury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become palintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. 26. Spots Medicine, American decademy of Padistrics, American academy of Padistrics, Americ			No	Yes	
unexpicited or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, long 07 syndrome, arrhythmogenic right ventricular cardiomyopathy, long 07 syndrome, shriptange as yndrome, or catecholammergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. 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 hed an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial 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 palntul, swoflen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? 25. Do you have any history of juvenile arthritis or connective tissue disease? 26. Therefore, a farademy of Family Physicians, American Academy of Padiatrics, American Callege of Sports Medicine, American Academy of Sports Medicine, American Callege of Sports Medicine, American Academy of Sports Medicine, American Acade					
14. Does anyone in your family have hypertrophic cardiomyopathy, Martan syndrome, arrhythmogenic right ventricular cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or estecholaminargic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or implanted delibrillator? 16. Has anyone in your family had unexplained fainting, unexplained setzures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. 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 nijury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attanloaxial instability? (Down syndrome or divaritam) 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 paintut, swollen, feel warm, or look red? 25. Do you have any history of juvenille arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct, populare of parent/guardean Data 1901 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medical					unexpected or unexplained sudden death before age 50 (including
syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or Implanted defibriliator? 16. Has anyone in your family had unexplained fainting, unexplained selzures, or near drowning? 80% AND JOHT QUESTIONS 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. 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? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you have a bone, muscle, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become paintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? 16. Have you ever had an enting disorder? 51. Do you have any concerns that you would like to discuss with a doctor? FEMALES CRITY 52. Have you ever had a menstrual period? 53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months? Explain "yes" answers here Explain "yes" answers here Explain "yes" answers here Explain "yes" answers here 15. Do you have any history of juvenile arthritis or connective tissue disease? 16. Have you ever had an enting disorder? 17. Have you ever had an injury that frequire with a doctor? 18. Have you ever had an injury that frequire with a doctor? 19. Have you ever had an injury that frequire with a doctor? 19. Have you ever had an injury that frequire with a doctor? 20. Have you ever had an enting disorder? 21. Have you ever had an injury that frequire with a doctor? 22. How you ever had an enting disorder? 23. How you ever had an enting disorder? 24. How many periods have you had in the last 12 months? 25. How many periods have you had in the last 12		48. Are you trying to or has anyone recommended that you gain or loss weight?			Does anyone in your family have hypertrophic cardiomyopathy, Marfan
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. 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? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace, orthetics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become paintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.					syndrome, short QT syndrome, Brugada syndrome, or catecholaminargic
Implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained selzures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 19. Have you ever had a stress fracture? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace, or intotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become paintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlets Signature of parent/guardian Date PEMALES ONLY 52. Have you ever had a menstrual period? 53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months? Explain "yes" answers here Explain "yes" answ			-		
16. Has anyone in your family had unexplained fainting, unexplained setzures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 19. Have you ever had a stress fracture? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 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 paintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of parent/guardsan Date POUR American Academy of Family Physicians, American Academy of Padistrics, American College of Sports Medicine, American Basician College of Sports Medicine, American Academy of Padistrics, American College of Sports Medicine, American Medicine, Sports Medicine, American Academy of Padistrics, American College of Sports Medicine, American Medicine, American Academy of Padistrics, American College of Sports Medicine, American Medicine, American Academy of Padistrics, American College of Sports Medicine, American Medicine, American Academy of Padistrics, American College of Sports Medicine, American Medicine, American Academy of Padistrics, American Academy of Padistrics, American College of Sports Medicine, American Academy of Padistrics, American College of Sports Medicine, American Academy of Padistrics, American Academy of Padistrics, American College of Sports Medicine, American Academy of Padistrics, American College of Sports Medicine, American Academy of Padistrics, American College of Sports Medicine, American Academy of Padistrics, American College of Sports Medicine, American Academy of Padistrics, American College		51. Do you have any concerns that you would like to discuss with a doctor?			. Does anyone in your tarrity have a neart problem, pacemaker, or Implanted delibritiator?
Select AMD JOHNT QUESTIONS 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. 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? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace, or chotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become paintul, swofien, feel warm, or look red? 25. Do you have any history of juvenille arthritis or connective tissue disease? 18. Have you ever had a menstrual period? 53. How wid were you when you had juvenille in the last 12 months? Explain "yes" answers here 54. How many periods have you had in the last 12 months? Explain "yes" answers here Explain "yes" answers here 55. Have you ever had a menstrual period? 56. How old were you when you had your first menstrual period? 56. How many periods have you had in the last 12 months? Explain "yes" answers here Explain syes" answers here Explain syes syes syes answers here		FEMALES ONLY			
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. 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? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attentoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, or foint injury that bothers you? 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? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlets Signature of parent/guardian Date 19. Have you ever had any periods have you had in the last 12 months? Explain "yes" answers here Explain "yes" answers here Explain "yes" answers here Explain "yes" answers here Explain syes" answers here					selzures, or near drowning?
that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated joints? 19. 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? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you regularly use a brace, or thotics, or other assistive device? 24. Do any of your joints become painful, swoffen, feel warm, or look red? 25. Do you have any history of juvenite erthritis or connective tissue disease? 18. Have you ever had any brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Have you ever had an injury that equired x-rays, MRI, CT scan, injections, desired and an x-ray for neck instability? 22. Do you have a brace, or thotics, 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, swoffen, feel warm, or look red? 25. Do you have any history of juvenite erthritis or connective tissue disease? 18. Have you ever had an injury that equired x-rays, MRI, CT scan, injections, deviced and injury that bothers? 26. Do any of your joints become painful, swoffen, feel warm, or look red? 27. Do you have any history of juvenite erthritis or connective tissue disease? 28. Do you have any history of juvenite erthritis or connective tissue disease? 29. Do you have any history of juvenite erthritis or connective tissue disease? 29. Do you have any history of juvenite erthritis or connective tissue disease? 29. Do you have any history of juvenite erthritis or connective tissue disease? 29. Do you have any history of juvenite erthritis or connective tissue disease? 29. Do you have any history of juvenite erthritis or connective tissue disease? 29. Do you have any history of juvenite erthritis or connective? 29. Do you have any history of juvenite erthritis or connective? 29. Do y			No	Yes	
18. Have you ever had any broken or fractured bones or dislocated joints? 19. 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? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial 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 paintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlets					Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to mise a practice or a game?
Injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attanicaxial instability? (Down syndrome or dwarflam) 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 paintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlete		expusin "yes" answers nere			
20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or attantoaxial 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 paintul, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlete Signature and parent/quardian Date 10.00 A previous Academy of Femily Physicians. American Academy of Pediatrics. American College of Sports Medicine. American Medical Socials (or Sports Medicine, American Medical Socials (or Sports Medicine)					Have you ever had an injury that required x-rays, MRI, CT scan,
21. Have you ever been told that you have or have you had an x-ray for neck instability or attanloaxial 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? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlete Signature of parent/quardian Date 100.00 American Academy of Femily Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Society Medicine, American Medical Society Medic					
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, sworlen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlete Signature of parent/quardian Date 100.00 American Academy of Femily Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society Medical Society Medicine, American Medical Society Medicine, American Medical Society Medicine, American Medical Society Medicine, American Medical Society Medical					
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? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlete					instability or attanteaxial instability? (Down syndroms or dwarfism)
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? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlete Signature of athlete Signature of parent/guardian Date 2010 American Academy of Femily Physicians. American Academy of Pedistrics. American College of Storts Medicine. American Medical Society for Special Medicine. American Medical Society for Special Medicine.			-	-	
25. Do you have any history of juvenile arthritis or connective tissue disease? hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. posture of athlete				_	
hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of athlete			\vdash	-	
gnature of athlets Signature of parent/guardian Date 2010 American Academy of Family Physicians, American Academy of Padiatrics, American College of Sports Medicine, American Medicine					
2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Social Medicine, American Medicine, American Medicine, American College of Social Medicine, American Medicine, American College of Social					-
	thanandia	lege of Sports Medicine, American Medical Society for Seasts Medicine, American Co.	rican Colle	s. Ame	110 American Academy of Family Physicians, American Academy of Padials
ociety for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment	t.	is granted to reprint for noncommercial, educational purposes with acknowledgmen	mission is	cine. Pe	ety for Sports Medicine, and American Osteopathic Academy of Sports Medicine.
I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purporticipation in athletics and activities.	oses of	d the results of the actual physical examination to the school for the purp	story and	ical hi	nereby give permission for the release of the attached student me exticination in athletics and activities.

FREPARTICIPATION PHISICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

ame				
			Date of birth	
ex Age _	Grade	School	Sport(s)	
1. Type of disability				
Date of disability				
Classification (if available)	hie)			
	th, disease, accident/trauma, other			
5. List the sports you are	interested in playing			
5. List the sports you are	lifercaton in biolina		Yes	No
6 On you regularly use a	brace, assistive device, or prosthe	tic?		IVO
7 On you use any special	I brace or assistive device for spor	ts?		
8. Do you have any rashe	es, pressure sores, or any other ski	n problems?		
9. Do you have a hearing	loss? Do you use a hearing ald?			
O. Do you have a visual in	mpairment?			
1. Do you use any specia	i devices for bowel or bladder func	tion?		
2. Do you have burning o	r discomfort when urinating?			
3. Have you had autonom	nic dysreflexia?			
4. Have you ever been di	agnosed with a heat-related (hype	rthermia) or cold-related (hypothermia) illness?		
5. Do you have muscle st	pasticity?			
16. Do you have frequent	seizures that cannot be controlled	by medication?		
xplain "yes" answers he				
				Name of the last o
'tease indicate if you hav	e ever had any of the following.		Yes	
Atlantoaxial instability	A STATE OF THE PARTY OF THE PAR		1149	No
X-ray evaluation for atlant	navial (netability			
	Official supplies.			
mintended latete (mare the				
Easy bleeding				
Enlarged spleen				
Easy bleeding Enlarged spleen Hepatitis	an one)			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi	an one) Is			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe	an one) Is			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd	an one) is il ler			
Easy bleeding Enlarged spleen Hepatitls Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in ai	an one) Is Is Id Ier rms or hands			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Cifficulty controlling bladd Numbness or tingling in a	an one) Is Il Ier rms or hands egs or feet			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand	an one) Is Il Ier rms or hands egs or feet			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet	is il il il irms or hands ags or feet			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in an Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina	is il il iler rms or hands egs or feet ds			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in a Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina	is il il iler rms or hands egs or feet ds			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in an Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida	is il il iler rms or hands egs or feet ds			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Oifficulty controlling bladd Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida Latex allergy	is il il ier rms or hands egs or feet ds ation o walk			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Oifficulty controlling bladd Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida Latex allergy	is il il ier rms or hands egs or feet ds ation o walk			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Oifficulty controlling bladd Numbness or tingling in al Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida Latex allergy	is il il ier rms or hands egs or feet ds ation o walk			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Oifficulty controlling bladd Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bilida Latex allergy	is il il ier rms or hands egs or feet ds ation o walk			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Oifficulty controlling bladd Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida Latex allergy	is il il ier rms or hands egs or feet ds ation o walk			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Oifficulty controlling bladd Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida Latex allergy	is il il ier rms or hands egs or feet ds ation o walk			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Oifficulty controlling bladd Numbness or tingling in al Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida Latex allergy	is il il ier rms or hands egs or feet ds ation o walk			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in an Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida	is il iler rms or hands egs or feet ds ation o walk			
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in all Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida Latex allergy Explain "yes" answers he	is is il ier rms or hands egs or feet ds ation o walk	wers to the above questions are complete and	correct	
Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosi Difficulty controlling bowe Difficulty controlling bladd Numbness or tingling in all Numbness or tingling in le Weakness in arms or hand Weakness in legs or feet Recent change in coordina Recent change in ability to Spina bifida Latex allergy Explain "yes" answers he	is is il ier rms or hands egs or feet ds ation o walk	wers to the above questions are complete and	correct	

Society for Spurts Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.