PRE-PARTICIPATION SPORTS PHYSICAL EXAM

Vision: L20/ _____ R20/_____ Both_____ Corrected: Y☐ N ☐

Height _____ Weight_____ Pulse_____ B/P (R arm)_____

Medical	Normal	Abnormal Findings
Appearance/Emotional Affect		
Head/Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart (squatting to standing and supine)		
Pulses (include femoral)		
Lungs		
Abdomen		
Genitalia (males only)		
Skin		
Musculoskeletal	**Normal**	**Abnormal Findings**
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

☐ **May Participate in all sports**

☐ **May Participate in all sports, *EXCEPT* those listed below:**

_____

☐ **May Participate after completing evaluation/rehabilitation for:** _____

_____

_____

☐ **May Not Participate – Reason:** _____

_____

_____

Recommendations: _____

_____

_____

Signature of M.D. _____ **Date of Exam:** _____
(Medical)

Signature of M.D. _____ **Date of Exam:** _____
(Musculoskeletal)

PRE-PARTICIPATION HISTORY & PHYSICAL EXAM 2011-2012

Name:_____Sex: ☐ F ☐ M Age:_____Date of Birth: _____
Grade:_____ School:_____ Sport(s) **Please list ALL**: _____
Address:_____Phone: _____
Personal Physician:_____ ☐ None Phone: _____
Emergency Contact: Name: _____ Relationship: _____ Phone#(s):_____

Attention parent or guardian and athlete: <u>answers to the following questions are very important!!!</u> **Please take the time, read through the questions, and answer to the best of your knowledge.**

General Medical History:

	YES	NO
1. Do you have asthma?	☐	☐
2. Do you have diabetes?	☐	☐
3. Do you have high blood pressure?	☐	☐
4. Do you have seizures?	☐	☐
5. Do you have sickle cell trait?	☐	☐
6. Do you have any other major medical problem?	☐	☐
7. Have you ever been hospitalized or had surgery?	☐	☐
8. Do you cough, wheeze or have trouble breathing with exercise?	☐	☐
9. Do you use an inhaler?	☐	☐
10. Do you have a single organ (testicle or kidney)?	☐	☐
11. Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)?	☐	☐
12. Have you ever taken any supplements or vitamins to help with weight loss, weight gain, or improve performance?	☐	☐
13. Do you have any allergies (seasonal, insects, food, or medicines)?	☐	☐
14. Have you ever had a rash or hives develop during or after exercise?	☐	☐
15. Do you have any skin problems other than acne?	☐	☐
16. Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung," or a concussion?	☐	☐
17. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
18. Have you ever had a stinger, burner, or pinched nerve?	☐	☐
19. Have you ever become ill from exercising in the heat?	☐	☐
20. Have you had mononucleosis or any significant illness in the last 60 days?	☐	☐
21. Do you have trouble with your eyes/vision/ wear glasses?	☐	☐
22. Do you have trouble with your hearing/wear hearing aid(s)?	☐	☐
23. Do you want to weigh more or less than you do now?	☐	☐
24. Do you lose weight regularly to meet weight requirements for your sport or other reason?	☐	☐
25. Do you feel stressed out, tired, or depressed?	☐	☐
26. Are there any other issues you would like to discuss with the doctor?	☐	☐
27. Are your immunizations up to date?	☐	☐
FEMALES ONLY		
27. Are your periods regular (every month)?	☐	☐
28. Are your periods heavy?	☐	☐

Explain "YES" answers here *(use back/page 2 if needed)*:

_____
_____

Cardiac History:

	YES	NO
1. Have you ever passed out during or after exercise?	☐	☐
2. Have you ever been dizzy during or after exercise?	☐	☐
3. Have you ever had chest pain or chest pressure during or after exercise?	☐	☐
4. Do you tire easily or more quickly than your friends during exercise?	☐	☐
5. Have you ever had racing of your heart or skipped heartbeats?	☐	☐
6. Have you ever been told you had a heart murmur?	☐	☐
7. Have you ever been told you had an enlarged or weak heart?	☐	☐
8. Has any member of your family:		
-died of heart problems or sudden death before age 50?	☐	☐
-been told they had a serious heart problem before age 50?	☐	☐
-been told they had Marfan's syndrome?	☐	☐
9. Has a physician ever denied or restricted your participation in sports?	☐	☐

Explain "YES" answers here:

_____
_____
_____
_____

Orthopaedic History:

	YES	NO
1. Have you ever broken or fractured any bones?	☐	☐
2. Have you ever subluxed or dislocated any joint?	☐	☐
3. Have you had any other problems related to your:		
-neck, spine, or back?	☐	☐
-shoulders?	☐	☐
-elbows?	☐	☐
-wrists, hands, or fingers?	☐	☐
-hips?	☐	☐
-knees?	☐	☐
-ankles, feet, or toes?	☐	☐
-other?	☐	☐

Explain "YES" answers here *(use back/page 2 if needed)*:

_____
_____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parents or legal guardian of_____, I give my consent for his/her practice and play in the athletic events listed below and this evaluation for that participation. I grant permission to nurses, certified athletic trainers and coaches as well as physicians or those under the direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or emergency treatment recommended by a medical doctor. I understand that every effort will be to contact me prior to treatment. I certify that the medical history on the preceding page is accurate to the best of my knowledge. I understand that the data acquired may be used for research purposes to improve athletic care. I give the South Carolina High School League permission to examine the school records of the above student in order to verify eligibility.

By its nature, participation in interscholastic athletic includes risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. I give my consent for the above-named student-athlete to:

* represent t his/her school in approved athletic activities * accompany any school team of which he/she is a member on it's trips
* receive, through a medial doctor of the school's choice, emergency medical care, which may become reasonably necessary in the course of such athletic activities I further agree not to hold the school or anyone acting in its behalf responsible for any injury to the above-named student –athlete in the proper course of such activities or travel

Signature of athlete _____ Date _____

Signature of parent/guardian _____ Date _____