#### 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			Day Allin	1 1	
NameSch Sex AgeSch	ionl		Date of birth		
DEA BYE UIAUE SCI			Sport(s)	140	
Medicines and Allergies: Please list all of the prescription and over	-the-co	unter m	edicines and supplements (herbal and nutritional) that you are currently	taking	7 25.5
Do you have any allergies? ☐ Yes ☐ No If yes, please ide ☐ Medicines ☐ Pollens	ntify sp	ecific all	ergy below.  □ Food □ Stinging Insects		
Explain "Yes" answers below. Circle questions you don't know the an	swers t	0.			
GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
<ol> <li>Has a doctor ever denied or restricted your participation in sports for any reason?</li> </ol>			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?		10000
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			32. Do you have any rashes, pressure sores, or other skin problems?	2.000	
AFTER exercise?			33. Have you had a herpes or MRSA skin infection?		
<ol> <li>Have you ever had discomfort, pain, fightness, or pressure in your chest during-exercise?</li> </ol>			34. Have you ever had a head injury or concussion?	7g	
7. Does your heart-ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion,		
8. Has a doctor ever told you that you have any heart problems? If so,			prolonged headache, or memory problems?  36. Do you have a history of seizure disorder?		-
check all that apply:  ☐ 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			40. Have you ever become ill while exercising in the heat?		
during exercise?			41. Do you get frequent muscle cramps when exercising?	-	
11. Have you ever had an unexplained seizure?			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 during exercise?			43. Have you had any problems with your eyes or vision?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	44. Have you had any eye injuries?		
13. Has any family member or relative died of heart problems or had an			45. Do you wear glasses or contact lenses?		-
unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			46. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you worry about your weight?		-
Does anyone in your family have hypertrophic cardiomyopathy, Marfan			48. Are you trying to or has anyone recommended that you gain or		-
syndrome, arrhythmogenic right ventricular-cardiomyopathy, Iwarian syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		1	lose weight?		
	. 1		49. Are you on a special diet or do you avoid certain types of foods?	45	
15. Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever-had an eating disorder?	1	
implanted defibrillator?			51. Do you have any concerns that you would like to discuss with a doctor?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near-drowning?			FEMALES-ONLY		
BONE AND JOINT QUESTIONS	Yes	No	52. Have you ever had a menstrual period?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon	100	INU	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 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,			Express yes answers here		
-injections, therapy, a brace, a cast, or crutches?					
20Have 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 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?			10.3		
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?			2		
I hereby state that, to the best of my knowledge, my answers to					
Signature of athleteSignature of athleteSignature of athleteSignature of athlete					
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9-2681/0410

## PREPARTICIPATION PHYSICAL EVALUATION

# THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

	Date of birth	
Sex School School	Sport(s)	
1. Type of disability	opolito)	
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)	CONTRACTOR DE SECTION	
5. List the sports you are interested in playing		
C Danis and the control of the contr	.Yes	- No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
Do you have any rashes, pressure sores, or any other skin problems?     Do you have a hearing loss? Do you use a hearing aid?		
9. Do you have a hearing loss?-Do you use a hearing allo?  10. Do you have a visual-impairment?		
11. Do you use any special devices for bowel or bladder function?		1000
Do you use any special devices for blower or bladder function?  12. Do you have burning or discomfort when-urinating?		
13. Have you had autonomic dysreflexia?	Figure 1854 ble set	
Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		100000000000000000000000000000000000000
15. Do you have muscle spasticity?	8 2 11640, 8000	
16. Do you have frequent seizures that cannot be controlled by-medication?	To A PROPERTY SHOP AND THE THE THE	7 198 15 7 E.B
Explain "yes" answers here		
process from the residence of the second process of the second pro		
		46.00 W F St. 5 C S
	name de la company	
Please indicate if you have ever had any of the following.		
Production of the second control of the seco	Yes	No-
Atlantoaxial instability		
	The second of th	
X-ray evaluation for atlantoaxial instability		
X-ray evaluation for atlantoaxiar instability Dislocated joints (more than-ene)		
X-ray evaluation for attantoaxiai instability Dislocated joints (more-than-ane): Easy bleeding		
X-ray evaluation for attantoaxiai instability  Distocated joints (more-than-ene):  Easy bleeding  Enlarged spleen		
X-ray evaluation for atlantoaxiar instability  Dislocated joints (more-than-case):  Easy bleeding  Enlarged spleen  Heparitis		
X-ray evaluation for atlantoaxiar instability Dislocated joints (more-than-case)  Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis		
X-ray evaluation for atlantoaxiar instability Dislocated joints (more-than-eae) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel		
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X-ray evaluation for atlantoaxiar instability Dislocated joints (more than-one)  Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling biadder— Numbness or tingling in arms or hands Numbness or tingling in legs or feet Weakness in arms or hands Weakness in legs or feet		
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X-ray evaluation for atlantoaxiar instability Dislocated joints (more than-oae)  Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling biadder— Numbness or tingling in arms or hands Numbness or tingling in legs or feet Weakness in arms or hands Weakness in legs or feet Recent change in coordination Recent change in ability to walk Spina biffida		
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### PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

-Name \_

PHYSICIAN REMINDERS		
Consider additional questions on more sensitive issues     De you fool attracted out or under a lat of presents?		
Do you feel stressed out or under a lot of pressure?     Do you ever feel sad, hopeless, depressed, or anxigus?		
Do you feel safe at your home or residence?		
<ul> <li>Have you ever tried cigarettes, chewing tobacco, snuff, or dip?</li> </ul>		
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 steroids or used any other performance supplement?		
<ul> <li>Have you ever taken any supplements to help you gain or lose weight or improve your performa</li> </ul>	ance?	
Do you wear a seat belt, use a helmet, and use condoms?  Consider region and the condoms?		
Consider reviewing questions on cardiovascular symptoms (questions 5–14).		
EXAMINATION		
Height Weight   Male	☐ Female	
BP / ( / ) Pulse Vision R 2	20/	□20/ Corrected □ Y □ N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
<ul> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia. MVP, aortic insufficiency)</li> </ul>		and the second of the second of the second
Eves/ears/nose/throat		
Pupils equal		
Hearing		
Lymph nodes		
Heart <sup>a</sup>		
Murmurs (auscultation standing, supine, +/- Valsalva)     Location of point of maximal impulse (PMI)		
Pulses		
Simultaneous-femoral and radial pulses		en contra bem to storie in contra a consideració hates arres que
Lungs		
Abdomen—		to the second for the second of the second o
Genitourinary (males only) <sup>b</sup>		
Skin		
HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic C		and a post of present of their state of the control
MUSCULOSKELETAL Nool		
Neck Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		
Duck-walk,-single leg-hop		
*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.		
Consider GU exam If in private setting. Having third party present is recommended.  Consider cognitive-evaluation or baseline neuropsychiatric testing if a history of significant concussion.		
estimate sugarities of the second in the separation to the second in a mounty of significant combassion.		The second secon
☐ Cleared for all sports without restriction		
Cleared for all sports without restriction-with recommendations for further evaluation or treatment	t for	
□ Not cleared		
☐ Pending further evaluation		
☐ For any sports		
☐ For certain sports		
Reason		
Recommendations		
have examined the shove-named student and completed the preparticipation physical evalua-	ation. The athlete d	oes not present apparent clinical contraindications to practice and ade available to the school at the request of the parents. If condi-
participate in the sport(s) as outlined above. A copy of the physical exam is on record in my of tions arise after the athlete has been cleared for participation, the physician may rescind the c	ffice and can be ma dearance until the	problem is resolved and the potential consequences are completely
participate in the sport(s) as outlined above. A copy of the physical exam is on record in my of tions arise after the athlete has been cleared for participation, the physician may rescind the c explained to the athlete (and parents/guardians).	dearance until the	problem is resolved and the potential consequences are completely
participate in the sport(s) as outlined above. A copy of the physical exam is on record in my of tions arise after the athlete has been cleared for participation, the physician may rescind the c explained to the athlete (and parents/guardians).  Name of physician (print/type)	dearance until the	problem is resolved and the potential consequences are completely  Date
participate in the sport(s) as outlined above. A copy of the physical exam is on record in my of tions arise after the athlete has been cleared for participation, the physician may rescind the c explained to the athlete (and parents/guardians).	dearance until the	problem is resolved and the potential consequences are completely

Date of birth

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HEDSOS

9-2851/0410

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name-	Sex - M	Date of birth	
☐ Cleared for all sports without restriction			
☐ Cleared for all sports without restriction with recommend	ations for further evaluation or-treatment for	De segrando de casa horastera, atendraria e casa tada. De sea todo del casa horas en constitución	
	Teb 3	Kanada a salah melaksi salah melaksih sebilih basa Kanada a salah sebilih melaksih basa bili sebilih	
☐ Not cleared			
☐ Pending further evaluation			
□=For any sports			
☐ For certain sports		Set District	
Reason	El Kalaser	643	
Recommendations			
And the state of t			
		amin's grown in	
		The state of the s	
		Services Access to the Control of th	
clinical contraindications to practice and participa and can be made available to the school at the req the physician may rescind the clearance until the p (and parents/guardians).	uest of the parents. If conditions arise after the a	thiete has been cleared for nexticination	
Name of physician (print/type)		Date	
Signature of physician			
		nephose.	
EMERGENCY INFORMATION			
Allergies			
		garden s	
		20-	
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	tal thereto at 15 consistent section (61 cons	Company of the second of the confidence of the c	
Other information			
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