

PRE-PARTICIPATION SPORTS PHYSICAL (OFFICE- BASED EXAM)
DELTA COUNTY AREA SCHOOLS

(Complete in INK)

DATE: _____ SCHOOL: _____ BIRTH DATE: _____

NAME: _____ AGE: _____ MALE ____ FEMALE ____
 (Last) (First)

ADDRESS: _____ CITY: _____ GRADE: _____

PARENT'S NAME(S): _____ FAMILY DOCTOR: _____

PHONES: _____
 (home) (work)

WHICH SPORTS ARE YOU INTERESTED IN FOR THE COMING YEAR?

Football Wrestling Track Cheerleading Volleyball Golf Swim
 Basketball Cross Country Hockey Tennis Gymnastics Softball

MEDICAL HISTORY (Must be reviewed and signed by Parent or Guardian)

(Please check) YES NO

- | | | | |
|---|-----|-----|-----|
| 1. Have you ever been told you couldn't participate in sports? | 1. | ___ | ___ |
| 2. Are you currently being treated for an injury or illness? | 2. | ___ | ___ |
| 3. Are you blind in either eye? | 3. | ___ | ___ |
| 4. Do you have any eye problems not correctable by glasses or contacts? | 4. | ___ | ___ |
| 5. Have you ever passed out or fainted during or after exercise? | 5. | ___ | ___ |
| 6. Have any family members under age 50 died suddenly of a heart problem or require a pacemaker? | 6. | ___ | ___ |
| 7. Do you get tired, short of breath more quickly than your friends with exercise? | 7. | ___ | ___ |
| 8. Does your heart race uncontrolled, skip beats, or have chest pains during exercise? | 8. | ___ | ___ |
| 9. Have you ever had high blood pressure, a heart murmur or heart problem? | 9. | ___ | ___ |
| 10. Do you have asthma or do you wheeze or cough with exercise? | 10. | ___ | ___ |
| 11. Have you ever had a heart test such as a heart echo or EKG by a doctor? | 11. | ___ | ___ |
| 12. Do you have a history of a heart infection such as endocarditis or Kawasaki's disease? | 12. | ___ | ___ |
| 13. Is there any family history of cardiomyopathies, Marfan, Brugada or long QT syndrome? | 13. | ___ | ___ |
| 14. Have you ever been knocked unconscious, had a skull fracture, or concussion? | 14. | ___ | ___ |
| 15. Have you broken any bones? | 15. | ___ | ___ |
| 16. Have you had any sprains, dislocations, or torn ligaments? | 16. | ___ | ___ |
| 17. Have you ever had a neck injury, or severe pain or numbness in the neck or arms while playing sports? | 17. | ___ | ___ |
| 18. Have you ever had an injury that has kept you out of a sport for more than 2 weeks? | 18. | ___ | ___ |
| 19. Have you had any bone or joint operations? | 19. | ___ | ___ |
| 20. Have you ever had any kidney disease or injury, blood in the urine, or painful urination? | 20. | ___ | ___ |
| 21. Are you missing any organs or have any painful bulges in the groin area? | 21. | ___ | ___ |
| 22. Have you had Mononucleosis ("mono")? When? _____ | 22. | ___ | ___ |
| 23. Have you had any other surgery? | 23. | ___ | ___ |
| 24. Have you been hospitalized for anything not mentioned above? | 24. | ___ | ___ |
| 25. Do you have seizures or epilepsy? Do you get severe headaches with exercise? | 25. | ___ | ___ |
| 26. Do you have Diabetes? | 26. | ___ | ___ |
| 27. Are you taking any medications? | 27. | ___ | ___ |
| 28. Do you use alcohol, tobacco, inhalants, or other drugs? | 28. | ___ | ___ |
| 29. Do you use steroids, amino acids, creatine, or other performance enhancing substances? | 29. | ___ | ___ |
| 30. Do you have frequent cramping during sports activities? | 30. | ___ | ___ |

DESCRIBE details of any YES answers: _____

(If you have any special letters from your physician that have been needed in the past to explain a medical problem, or to release to play sports, please attach them to this form.)

I have carefully reviewed this Medical History, and declare it to be correct to the best of my knowledge. I believe that this student is in satisfactory physical and emotional condition to participate in athletics unless otherwise noted. **(The physical evaluation cannot be performed without this completed and signed form.)**

Signatures: _____ Date: _____

PARENT or GUARDIAN

STUDENT

PRE-PARTICIPATION SPORTS PHYSICAL (OFFICE-BASED EXAM)

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(Complete in INK)

PHYSICAL EXAM

NAME: _____

HT: _____ WT: _____

BP: #1: _____ #3: _____
 (<135/85) #2: _____ #4: _____

PULSE: #1: _____ #3: _____
 (<100) #2: _____ #4: _____

	NORMAL:	ABNORMALS (describe):	FOLLOWUP NEEDED:	CLEARED?
<u>HEENT</u>	(1-4)			
Eyes	[]			Y N
Ears	[]			Y N
Nose/Throat	[]			Y N
<u>CARDIO-PULM.</u>	(1, 2, 5-13, 20-30)			
Heart	[]			Y N
Lungs	[]			Y N
<u>ORTHO</u>	(1, 2, 14-19)			
Neck	[]			Y N
Back	[]			Y N
Shoulders	[]			Y N
Upper extrem.	[]			Y N
Lower extrem.	[]			Y N
Other	[]			Y N
<u>ABDOMEN</u>	(1, 2, 20-24) []			Y N
<u>MALES</u>	(1, 2, 20-24) []			Y N
(Inguinal canals, scrotum)				
<u>SKIN</u> (Optional):	[]			Y N

CLEARANCE

CLEARED WITHOUT RESTRICTION RECOMMENDATIONS: _____

CLEARED AFTER: ___ Documentation / ___ Evaluation / ___ Rehabilitation For: _____

NOT CLEARED FOR: ___ COLLISION
 ___ CONTACT
 ___ NON-CONTACT: ___ Strenuous; ___ Moderately Strenuous; ___ Non strenuous

Due to: _____

PHYSICIAN: _____ M.D. / D.O. Date: _____

Note: Supply a copy of this Physical Exam to both the Primary Care Physician and to the School Athletic Office.