ATTENTION PARENT/GUARDIAN: The preparticiaption physical examination (page 3)-must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

## ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking medical conditions:    Do you have any allergies?   Yes	lame			Date of birth							
Do you have any eliteriges?   Yes   No If yes, please Edentify specific allergy below.    Medicines   Food   Singing insects	ex A	ge Grade Sch									
Medicines   Poul   Stinging Insects   Poul	Medicines and A	Allergies: Please list all of the prescription and over	-the-co	unter m	edicines and supplements (herbal and nutritional) that you are currently	taking					
Medicines   Poul   Stinging Insects   Poul											
EXERCIAL QUESTIONS  1. Take a doubter ever denied or restricted your participation in sports for all restrictions are any engoging medical conditions? If so, phease identify any execution. 2. Do you have any engoging medical conditions? If so, phease identify the property of the proper			ntify spe								
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2. Do you have any opaging medical conditional of its, oplease identify below:   Affirm   Anemia   Diabetes   Infections	1. Has a doctor ev				26. Do you cough, wheeze, or have difficulty breathing during or						
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3. Have you ever had surpery? 4. Have you ever had surpery? 5. Have you ever had surpery? 5. Have you ever had surpery? 5. Have you ever passed out or nearly passed out DRINK or ATTER excelse? 6. Have you ever had discomorth, pain, lightness, or pressure in your chest during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 8. Has a doctor ever told you that you have any heart problems? if so, chock all that and only.  1. Have for ordered a test for your heart? (for example, ECG/EKG, echocardiogram)  1. Have you ever had an unexplained selzure? 12. Do you get more tired or short of breath than expected during exercise? 13. Have you ever had an unexplained selzure? 14. New you ever had an unexplained selzure? 15. Does adjusted or feel more short of breath than expected during exercise? 16. Have you ever had an unexplained selzure? 17. Lave you ever had an unexplained selzure? 18. Have you have had here in your family have any heart infection of the state		nma 🗆 Anemia 🗀 Diabetes 🗀 Infections			28. Is there anyone in your family who has asthma?						
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check all that apply:    High blood pressure   A heart murmur   High cholesterol   A heart infection   Rawasaki disease   Cither:   Sale Have you ever had an unexplained set for your heart? (For example, ECG/EKG, echocardiogram)   Do you get lighthreaded or feel more short of breath than expected during exercise?   40. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever been unable to move your arms or legs after being hit of allowed to falling?   39. Have you ever bed an explained seldure.   41. Do you get frequent muscle cramps when exercising in the heat?   41. Do you get frequent muscle cramps when exercising?   42. Have you are read or unexplained seldures?   43. Have you ever bed an explained seldures?   44. Have you are precedive evers, such as goggles or a face shield?   47. Do you wear protective evers, such as goggles or a face shield?   47. Do you worry about your weight?   48. Are you trying to or has anytone ever had an entity allowed to allowed the protection of the protection of the prot											
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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 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 painful, swollen, feel warm, or look red?  25. Do you have any history of juvenile arthritis or connective tissue disease?			Yes	No							
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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 painful, swollen, feel warm, or look red?  25. Do you have any history of juvenile arthritis or connective tissue disease?	<u>·</u>		-								
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25. Do you have any history of juvenile arthritis or connective tissue disease?											
	24. Do any of your	joints become painful, swollen, feel warm, or look red?									
hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	25. Do you have an	y history of juvenile arthritis or connective tissue disease?									
	I hereby state the	at, to the best of my knowledge, my answers to	the abo	ve que	stions are complete and correct.						
		Signature of									

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HEGSGS 9-2681

NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practician nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

\_\_ Date of birth \_

## ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name

**PHYSICIAN REMINDERS** 

Do y Do y Do y Hav Duri	der additional qu you feel stressed you ever feel sad you feel safe at y e you ever tried o ing the past 30 d you drink alcohol	out or un , hopeles our home cigarettes ays, did y l or use a	nder a lo s, depre e or resid s, chewi you use nv other	t of pr ssed, o dence? ng toba chewir drugs	essure? er anxious acco, snuf ig tobacco	f, or dip? , snuff, or di							
<ul><li>Hav</li></ul>	e you ever taken	any supp	olement:	s to he	lp you gair	n or lose we	ince supplement ight or improve y	? our perforn	nance?				
2. Consid	you wear a seat l der reviewing qu	belt, use a estions o	a helmet n cardio	, and t vascul	ise condoi ar sympto	ns? ms (questio	ns 5–14).						
EXAMIN	ATION												
Height			1	Veight			_ M	fale □ F	emale				
BP	/	(	/	)	Pulse		Vis	sion R 20/		L 20/		rrected 🗆 Y 🗆 N	
	nce In stigmata (kypho						, arachnodactyly,		NORMAL		ABNORM	AAL FINDINGS	
		enaxity, ii	іуоріа, іч	ive, aor	tic insumic	lency)							
Lymph n	<u> </u>												
Heart* • Murm	iurs (auscultation i				alva)								
	taneous femoral a	and radial	pulses										
Lungs Abdomer	1			-									
	inary (males only)	<b>,</b>											
Skin • HSV, I	esions suggestive	of MRSA	tinea co	rporis									
	OSKELETAL										<del></del>		
Neck							····					<del></del>	
Back													
Shoulder													
Elbow/fo Wrist/har	rearm nd/fingers												
Hip/thigh													
Knee													
Leg/ankl													
Foot/toes													
Function:  • Duck-	ai -walk, single leg h	00											
Consider G Consider co	CG, echocardiogram, U exam if in private s ognitive evaluation or d for all sports wit d for all sports wit	setting, Hav baseline n thout rest	ing third p europsych riction	arty pres iatric tes	sent is recon sting if a hist	mended. ory of significa		atment for	,				
□ Not cle	eared												
	Pending fu	urther eva	luation										
	☐ For any sp	orts											
	☐ For certain	sports _									<del></del>		
	Reason												
Recomme	ndations												
participat arise after to the athl	e in the sport(s) : r the athlete has ! lete (and parents	as outlin been clea s/guardia	ed above ired for p ns).	e. A co partici <sub>l</sub>	py of the poation, a p	ihysical exa ihysician ma	m is on record in ly rescind the cle	my office a arance unti	and can be m I the problem	ade available to t is resolved and t	he school at the he potential cons	al contraindications request of the parent equences are compl	s. If conditions etely explained
Name of	physician, advar	nced prac	tice nur	se (AP	N), physic	ian assistar	it (PA) (print/type					Date	
											Pho	one	
Signature	e of physician, Al	PN, PA _											
© 2010 Ar Society fo	merican Academy r Sports Medicine,	of Family , and Ame	Physicia rican Os	ns, Ami teopath	erican Acad ic Academ	demy of Pedia y of Sports M	atrics, American Co ledicine. Permissio	ollege of Spe on is granted	orts Medicine, I to reprint for	American Medical noncommercial, ed	Society for Sports Jucational purpose	Medicine, American O s with acknowledgme	rthopaedic nt.

## ■ PREPARTICIPATION PHYSICAL 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 for further eva	luation or treatment for	
☐ Not cleared		
☐ Pending further evaluation		
☐ For any sports		
☐ For certain sports		
Reason		
Recommendations		
EMERGENCY INFORMATION		
Allergies		
Other information		
HCP OFFICE STAMP	SCHOOL PHYSICIAN:	
	Reviewed on	
		(Date)
	Approved Not Ap	oproved
	Signature:	
I have examined the above-named student and completed the prepa	urticination physical evaluation. Th	a athlete does not propent apparent
clinical contraindications to practice and participate in the sport(s)	as outlined above. A copy of the pt	nysical exam is on record in my office
and can be made available to the school at the request of the parent the physician may rescind the clearance until the problem is resolve	ts. If conditions arise after the athl	ete has been cleared for participation,
(and parents/guardians).	a and the potential consequences	are completely explained to the athlete
Name of physician, advanced practice nurse (APN), physician assistant (PA)		
Address		
Signature of physician, APN, PA		
Completed Cardiac Assessment Professional Development Module		
DateSignature		

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