

## SPORTS PARTICIPATION MEDICAL EXAMINATION

To the Health Care Provider – Please complete and sign **\*Mandated Screening/Test under CT State Law**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

General Exam	Normal	Abnormal Findings
Appearance		
Skin		
Heart		
Respiratory		
Cardiovascular Arrhythmia: Murmur:		
Abdomen		
Neurological		
Genitalia (hernia)		
Physical Maturity (Tanner Stage) 1 2 3 4 5		

**Height:\*** \_\_\_\_\_ **Weight:\*** \_\_\_\_\_

**Blood Pressure:\*** \_\_\_\_\_ **Pulse:** \_\_\_\_\_

**HCT/HGB:\*** \_\_\_\_\_

Urinalysis: \_\_\_ Protein: \_\_\_ Blood: \_\_\_ Glucose: \_\_\_\_\_

**Visual Acuity:\*** \_\_\_\_\_ Right \_\_\_\_\_ Left

Corrected to \_\_\_\_\_ Right \_\_\_\_\_ Left

**Hearing:\*** \_\_\_\_\_

**Gross Dental:\*** \_\_\_\_\_

Body Fat _____ %
Cholesterol _____ %

Last Tetanus Booster Date: \_\_\_\_\_

Last Measles(MMR) Booster Date: \_\_\_\_\_

HBV 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Varicella Disease Date \_\_\_\_\_ OR

Varicella Immunization 1 \_\_\_\_\_ 2 \_\_\_\_\_

**Chronic Disease Assessment\***

Yes No

\_\_\_ Asthma: \_\_\_ mild \_\_\_ moderate \_\_\_ severe

\_\_\_ exercise induced \_\_\_ unclassified

\_\_\_ Diabetes \_\_\_ Type I \_\_\_ Type II

\_\_\_ Seizure Disorder

\_\_\_ Anaphylactic Reaction: \_\_\_ food \_\_\_ insect \_\_\_ latex

\_\_\_ Other: Please specify \_\_\_\_\_

**\* TB: IN HIGH RISK GROUP** \_\_\_ YES \_\_\_ NO

TB TEST                      DATE                      RESULTS

Musculoskeletal Evaluation to include range of motion, strength, flexibility

	Normal	Abnormal Findings
Neck		
Spine		
<b>Postural*</b>		Min. ___ Slight ___ Mod. ___ Marked ___
Shoulders		
Arms/Hands		
Hips		
Thighs		
Knees		
Ankles		
Feet		

**Comments and Recommendations**

Weight loss/gain \_\_\_\_\_ Medications \_\_\_\_\_

Strengthening \_\_\_\_\_ Special Equipment \_\_\_\_\_

Stretching \_\_\_\_\_ Bracing/Taping \_\_\_\_\_

Conditioning (endurance) \_\_\_\_\_ Comments \_\_\_\_\_

**•I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except those listed:**

\_\_\_\_\_  
Signature of Physician, RN, APRN,PA

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Provider Print or Stamp

## Sports Participation Health Record

This evaluation is to determine readiness for sports participation. This must be completed by a parent and student before being brought to the Doctor's office.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ School \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Sports being played (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

### Medical History

(To be completed by student and parent/guardian)

1. Do you have any allergies?(Drugs, Food, Insect Stings, etc.)  
 \_\_\_\_\_ yes; List \_\_\_\_\_ No
2. Are you currently taking any drugs or medications including steroids or protein supplements(Daily or occasionally)  
 \_\_\_\_\_ yes; List \_\_\_\_\_ No
3. Are you presently being treated for any condition by a physician or other health care professional?  
 \_\_\_\_\_ yes; Explain \_\_\_\_\_ No
4. Have you ever been advised by a doctor not to participate in any sport?  
 \_\_\_\_\_ yes; Explain \_\_\_\_\_ No
5. Do you have any chronic conditions, disorders or diseases? Check those applicable or... \_\_\_\_\_ No  
 \_\_\_\_\_ Asthma \_\_\_\_\_ Bleeding Disorders \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy(Seizures)  
 \_\_\_\_\_ Hepatitis(liver disease) \_\_\_\_\_ Hypertension(High Blood Pressure) \_\_\_\_\_ Sickle Cell Anemia \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Mononucleosis-Yr \_\_\_\_\_ Kawasaki Disease \_\_\_\_\_ Disability (describe) \_\_\_\_\_

Please Check where applicable if you have or have had any of the following:

	Yes	No		Yes	No
Head injury, concussion, or been unconscious	___	___	Eye injury or retinal detachment	___	___
If yes, how many times _____			Blurred vision or vision in one eye only	___	___
Headaches more than once a week	___	___	Wear glasses or contact lenses	___	___
Lack of feeling or numbness in any part of the body	___	___	Hearing loss or impairment in one or both ears	___	___
Heat exhaustion or heat stroke	___	___	Tubes in ears or perforated ear drum	___	___
Difficulty running ½ mile without stopping	___	___	False teeth, caps or braces	___	___
Chest pain, dizziness or passing out during exercise	___	___	Nose bleeds for no reason	___	___
Coughing, wheezing or gasping for breath with exercise or cold weather	___	___	Bruising easily or taking a long time to stop bleeding when cut	___	___
Smoke cigarettes or chew tobacco	___	___	Diarrhea more than once a week	___	___
Heart problem, murmur or arrhythmia	___	___	Black or bloody bowel movements (stools)	___	___
Family member with a heart attack under age 50	___	___	Kidney disease or dark, brown or bloody urine	___	___
Loss or gain of more than 10 lbs. in last year	___	___	Less than two kidneys or in males, two testicles	___	___
Special diet for medical reasons	___	___	Lump(s) in arm pit or groin	___	___
<b>For female participants</b>			Rash or skin problem	___	___
Absent or irregular monthly periods	___	___	Neck, spine or low back injury or pain	___	___
Disabling cramps with your menstrual periods	___	___			
Have you ever been hospitalized for medical or surgical reasons?	___	___			

If yes, provide the following information:

<u>Reason</u>	<u>Year</u>	<u>Hospital</u>
_____	_____	_____
_____	_____	_____

Please carefully list below any injury (nerve, muscle, bone or joint) that you have had which did not allow you to participate in regular activity for a week or more.

Injured Area	Year	Side	Type	Resolved	
(knee, Hamstring, Neck, Shin, etc.)		(R/L)	(Fracture, Sprain, Swelling, Pinched Nerve, etc.)	<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	___	___
_____	_____	_____	_____	___	___

### Student and Parent or Guardian:

We hereby state that we have reviewed this medical history and found the information supplied above to be correct to the best of our knowledge.

\_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_