Revised 7/1/05
Mandatory

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex_____ Age_____ Date of birth_____

Grade_____ School_____ Sport(s)_____

Address_____ Phone_____

Personal Physician _____

In case of emergency, contact:

Name _____ Relationship_____ Phone (H)_____ Phone(W)_____

Explain "Yes" answers below.
Circle questions you don't know the answers to.

	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you have an ongoing medical condition (like diabetes or asthma)?	☐	☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	☐	☐
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5. Have you ever passed out or nearly passed out DURING exercise?	☐	☐
6. Have you ever passed out or nearly passed out AFTER exercise?	☐	☐
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
8. Does your heart race or skip beats during exercise?	☐	☐
9. Has a doctor ever told you that you have (check all that apply): ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection		
10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram)	☐	☐
11. Has anyone in your family died for no apparent reason?	☐	☐
12. Does anyone in your family have a heart problem?	☐	☐
13. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
14. Does anyone in your family have Marfan syndrome?	☐	☐
15. Have you ever spent the night in a hospital?	☐	☐
16. Have you ever had surgery?	☐	☐
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:	☐	☐
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	☐	☐
19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	☐	☐

Head	Neck	Shoulder	Upper Arm	Elbow	Forearm	Hand/ Fingers	Chest
Upper Back	Lower Back	Hip	Thigh	Knee	Calf/ Shin	Ankle	Foot/ Toes

20. Have you ever had a stress fracture?	☐	☐
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐
23. Has a doctor ever told you that you have asthma or allergies?	☐	☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
25. Is there anyone in your family who has asthma?	☐	☐
26. Have you ever used an inhaler or taken asthma medicine?	☐	☐
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐
28. Have you had infectious mononucleosis (mono) within the last month?	☐	☐
29. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
30. Have you had a herpes skin infection?	☐	☐
31. Have you ever had a head injury or concussion?	☐	☐
32. Have you been hit in the head and been confused or lost your memory?	☐	☐
33. Have you ever had a seizure?	☐	☐
34. Do you have headaches with exercise?	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
37. When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
39. Have you had any problems with your eyes or vision?	☐	☐
40. Do you wear glasses or contact lenses?	☐	☐
41. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
42. Are you happy with your weight?	☐	☐
43. Are you trying to gain or lose weight?	☐	☐
44. Has anyone recommended you change your weight or eating habits?	☐	☐
45. Do you limit or carefully control what you eat?	☐	☐
46. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
FEMALES ONLY		
47. Have you ever had a menstrual period?	☐	☐
48. How old were you when you had your first menstrual period? _____		
49. How many periods have you had in the last 12 months?_____		

Explain "Yes" answers here:_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete_____ Signature of Parent/Guardian_____ Date_____

Well Exam – Sports Participation Clearance Form

Note: How often a clearance form is needed to play sports, is determined by your school. This clearance form is the only Sports Participation Clearance Form supported by the Vermont Principals' Association, the Vermont Department of Health and Education, and the Vermont Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians. The American Academy of Pediatrics Council on Sports Medicine and Fitness developed the research based screening activities done during a Well Exam, to determine sports readiness.

Student's Name _____

Age_____ Date of Birth_____ Grade_____

This Athlete is:

☐ Cleared without restriction

☐ Cleared, **with restrictions:**

_____

_____

☐ Not cleared for: ☐ All sports

☐ Certain sports: _____

Reason: _____

_____

Relevant Medical Information For Coaches and Athletic Department:

Allergies: _____ EpiPen Necessary: Yes ☐ No ☐

Asthma: Yes ☐ No ☐ Emergency Medications: _____

Diabetes: Yes ☐ No ☐ Emergency Medications: _____

Seizure Disorder: Yes ☐ No ☐ Emergency Medications: _____

Well Exam using ICD-9-CM code:

☐ 99383 or 99393	☐ 99384 or 99394	☐ 99385or 99395
5-11 years	12-17 years	18-39 years

NOTE: Clearance form is not valid unless one of these Well Exam codes is checked by Provider

Comments: _____

_____

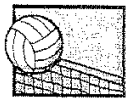
Name of Provider (print/type):_____ Provider Phone # _____

Signature of Provider:_____ Date of Exam: _____/_____/_____

Suggestion for Athletic Department: Please make a copy for School Nurse's Office records

Frequently Asked Questions: For Parents
Changes in Health Clearance for School-Aged Sports

What's happening to Sports Physicals?
Starting with the 2009-2010 school year, it is now recommended that Vermont students competing in middle or high school sports receive a "Well Exam" prior to playing school sports. The Well Exam replaces what is commonly known as a "Sports Physical." This change is supported by the Vermont Principals' Association, the Vermont Departments of Health and Education, the Vermont Chapters of the American Academy of Pediatrics and Family Physicians, and the Vermont State School Nurses' Association.



What's the difference between a "Well Exam" and a "sports physical"?
The Well Exam is a comprehensive exam that includes a thorough review of a student's medical history, a physical exam, developmental screenings, and age-appropriate wellness education. A "sports physical" does not meet the same level of care as a Well Exam. A "Well Exam" is a complete, research-based, specific type of exam developed by the American Academy of Pediatrics. Best practice standards for the sports component of the Well Exam were developed by the American Academy of Pediatrics Council on Sports Medicine and Fitness.

Why are sports physicals no longer the standard used to play sports?
A sports physical generally offers minimal insight into an athlete's total health. The more comprehensive Well Exam addresses all aspects of a child's health - physical, social, and emotional. Well Exams allow health care providers the opportunity to not only ensure the student is fit to play, but also to identify, diagnose, and treat any medical problems that may otherwise be overlooked. Improved health outcomes, individualized education and prevention information, and consistent care by the child's medical provider, are all benefits of a Well Exam.

What forms will be needed?
Schools and families should use the, "Well Exam - Sports Participation Clearance Form." It will be provided by your School Nurse or Athletic Department, your child's pediatrician, family doctor, or can be found at the Vermont Department of Health website: http://healthvermont.gov/local/school/index.aspx

What do we do with the form once it is filled out?
Like before, once a student has had a Well Exam, return the form to the school personnel required to receive it. There is no change in this process.

Which sports need a clearance form, and how often are the forms needed?
Check with your school for which sports require a clearance form. The school will determine how often an updated form is needed. Sports that required a form last year will require a clearance form this year.

Recently my child had a Well Exam, but at the time did not need the new sports clearance form. Will my child need another exam?
Your provider will make this decision based on your child's individual circumstances, such as, how long it has been since the last Well Exam, and if there have been any changes in your child's health status. Call your child's provider as soon as you know he or she is planning to play a school sport.

Are Well Exam's covered by health insurance?
Many health insurance plans cover all or part of the cost of a Well Exam, but check your insurance policy first. If you need health insurance, or for information about Vermont's health care coverage programs, please contact Green Mountain Care at 1-800-250-8427, or online: http://www.greenmountaincare.org/

Plan ahead! Make an appointment as soon as you know your child is playing a sport.
It can take several weeks or months to get into a provider's office for a Well Exam. Don't wait until the last minute; your child might not be able to be seen for a Well Exam on short notice.