

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination			
Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/	L 20/
Corrected ___ Yes ___ No			

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those.

Preparticipation Physical Evaluation

- Medically eligible for all sports without restriction.
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
- Medically eligible for certain sports: _____
- Not medically eligible pending further evaluation.
- Not medically eligible for any sports.

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions		Yes	No	Medical Questions		Yes	No
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.							
1. Do you have any concerns that you would like to discuss with your provider?				16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
3. Do you have any ongoing medical issues or recent illness?				18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
Heart Health Questions About You							
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?				19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?				21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?			
7. Has a doctor ever told you that you have any heart problems?				22. Have you ever become ill while exercising in the heat?			
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.				23. Do you or someone in your family have sickle cell trait or disease?			
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?				24. Have you ever had or do you have any problems with your eyes or vision?			
10. Have you ever had a seizure?				25. Do you worry about your weight?			
Health Questions About Your Family							
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?				26. Are you trying to or has anyone recommended that you gain or lose weight?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				27. Are you on a special Diet or do you avoid certain types of foods?			
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?				28. Have you ever had an eating disorder?			
Bone and Joint Questions							
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?				Females-Only			
15. Do you have a bone, muscle, ligament or joint injury that bothers you?				29. Have you ever had a menstrual period?			
				30. How old were you when you had your first menstrual period?			
				31. When was your most recent menstrual period?			
				32. How many periods have you had in the past 12 months?			
				Explain a "Yes" answer here: _____			

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

Name (please print) _____

As a parent or legal guardian of the above named student-athlete. I give permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of Athlete _____

Date: _____

Signature of Parent/Guardian _____

Date: _____

CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

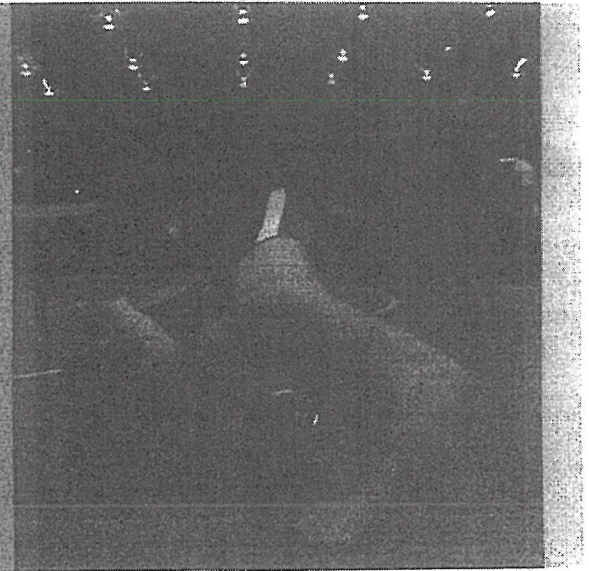
WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



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Concussion Acknowledgement and Signature Form
for Parents and Student Athletes

Student Athlete's Name (Please Print): _____

Sports Participating In: _____ School Year: _____

Due to the new law "Student Athlete Concussions, Guidelines, Management" (R65, H3061), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after a concussion or brain injury or returning to play too soon after a concussion or brain injury. The law requires that each year, before beginning practice for an interscholastic sport, including cheerleading, a high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return the form acknowledging receipt of the information to the athletic trainer. The law further states that a high school athlete who is suspected of sustaining a concussion or brain injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received written medical clearance by a physician.

Parent and Student Athletes – please read the attached "Concussion -A Fact sheet for Student Athletes" information sheet and also the SHS Concussion Management Plan. After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her coach or athletic trainer.

I am a student athlete participating in the above mentioned sport. I have received and read the Concussion Information Sheet and the Management Plan. I understand the nature and risk of concussion and brain injury to student athletes, including the risks of continuing to play after a concussion or brain injury. I agree to inform the coaches and athletic trainers of any concussive symptoms that I encounter. I also understand that after written medical clearance is given, I must be released by the athletic trainers after a return to play protocol has been followed.

Printed Student Athlete Name

Signature of Student Athlete

Date

I, as the parent or legal guardian of the above named student, have received and read the Concussion Information Sheet. I understand the nature and risk of concussion and brain injury to student athletes, including the risks of continuing to play after concussion or brain injury. I will inform the coaches and athletic trainers of any concussive symptoms that I observe. I also understand that after written medical clearance is given, my child must be released by the athletic trainers after a return to play protocol has been followed.

Printed Parent Name

Signature of Parent

Date

