#### PREPARTICIPATION PHYSICAL EVALUATION

### **HISTORY FORM**

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Medicines and Allergies: Piesse list all of the prescription and over-line-townlor medicines and supplements (herbal and multilitional) that you are currently taking    Medicines   No   If yes, piesse identify specific ellergy below.	Name			Date of birth		
Medicines and Allergies: Please ist all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently laking  Do you have any allergies?   Yes   No   If yes, please identify specific allergy below.						
Do you have any allergles?   Yes   No   If yes, please identify specific allergy below.   Food   Stinging Insects    Explain "Yes" answers below. Gircle questions you don't know the answers to.  GREEFAR (USSTIONS S. (USSTIONS						
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Comment   Comm		ntify s	pecific al			
1. It is a doctor ever denied or restricted your participation in sports for any misorang. 2. Do you towns any ongoing modical conditions? If so, please identify below.   Asthma	Explain "Yes" answers below. Circle questions you don't know the ar	swers	to.			
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Other:  1. Have you ever had surgery?  2. Days you have method surgery or marky passed out DURHNO or AFFER Namesker?  2. Have you ever had disconfort, pain, lightness, or pressure in your chest during exercise?  2. Have you ever had disconfort, pain, lightness, or pressure in your chest during exercise?  3. Have you ever had disconfort, pain, lightness, or pressure in your chest during exercise?  3. Have you ever had a filter of bear the beath that exessed confusion, proceeded at his largery.  4. Has a doctor ever todg you that you have any heart problems? It so, check all hist apply.  5. Has a doctor ever fordered a test for your heart? For example, ESGEKG, excluding exercise?  6. Has a doctor ever fordered a test for your heart? For example, ESGEKG, excluding exercise?  6. Has a doctor ever fordered a test for your heart? For example, ESGEKG, excluding exercise?  9. Has a doctor ever fordered a test for your heart? For example, ESGEKG, excluding exercise?  10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an annopalised scieture?  12. Do you get not little exercising in the heat?  13. Have you ever hed a link group and the exercising in the heat in the group and the exercising in the heat?  14. Do you get line the exercising in the heat?  15. Does up of the order for the rore short of breath than expected during exercise?  16. Has anytour ever be do an annopalised scieture?  17. Does your forder bear of the exercising?  18. Have you ever hed an interpolation, proceed an exercising in the heat?  19. Have you ever hed an interpolation of the exercising?  19. Have you ever hed an exercising in the heat?  19. Have you ever hed an interpolation of the exercising?  19. Have you ever hed an interpolation of the exercising?  19. Have you ever he date an exercising in the heat?  19. Have you ever he date an exercising in the heat?  19. H				27. Have you ever used an inhaler or taken asthma medicine?		
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4. Have you ever had surgery?  4. HEART KEATK (DESTIONS ABOUT YOU STORY AFFER DATE AST OF THE PART ALT HEART		-		29. Were you born without or are you missing a kidney, an eye, a testicle (males), your soleen, or any other orman?		
5. Have you ever passed out or nearly passed out DURNIG or AFTER exercises?  1. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  2. Do you have any rashes, pressure sores, or other skin problems?  3. Have you ever that of sheed disport or oncursion?  3. Have you ever that of sheed place of the receiver of your that you have any heart problems? it so, check all that papily.  3. Have you ever that a head featy or oncursion?  3. Have you ever that a head featy or oncursion?  3. Have you ever that a heart infection?  4. Have you have head sheed ever on or skip beats (pregular heats) during exercise?  3. Have you ever had a hit or blow to the bead that coused confusion, protograph feathers, thingling, or weakness in your arms or legs after being hit or failing?  3. Have you ever had a hit or blow to the bead that coused confusion, protograph feathers, the failure of the limitor of the protograph feathers with exercise?  3. Have you ever head a hit or blow to the bead that coused confusion, protograph feathers, the failure of the limitor of the limi			1		1	********
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Bigh cholesterol   A heart infection   Knwassid disease Other:				37. Do you have headaches with exercise?		
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seizures, or near drowning?  BONE AND JOINT QUESTIONS  Yes No  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, MRU, GT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?  21. Have you ever had a stress fracture?  22. Have you ever had a smenstrual period?  53. How old were you when you had just the last 12 months?  Explain "yes" answers here  22. Laye you ever had a menstrual period?  54. How many periods have you had in the last 12 months?  Explain "yes" answers here  24. How many periods have you had in the last 12 months?  Explain "yes" answers here  25. Have you ever had a menstrual period?  54. How many periods have you had in the last 12 months?  Explain "yes" answers here  26. Have you ever had a menstrual period?  54. How many periods have you had in the last 12 months?  Explain "yes" answers here  26. Have you ever had a menstrual period?  55. Have you ever had a menstrual period?  56. How many periods have you had in the last 12 months?  Explain "yes" answers here  Explain "yes" answers here  27. Have you ever had a menstrual period?  54. How many periods have you had in the last 12 months?  Explain "yes" answers here  Explain "yes" answers here			<del>  </del>			
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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, MRU, 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 attantoxidal instability? (Down syndrome or divarism)  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?		Yes	No	53. How old were you when you had your first menstrual period?		
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 attantoadal 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?	17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a profice or a name?					
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?				Explain "yes" answers here		
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 attantoadal 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?	19. Have you ever had an injury that required x-rays, MRI, CT scan,					
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, ortholics, 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?	injections, therapy, a brace, a cast, or crutches?					
Instability or atlantoaxial 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?			<b>  </b>			_
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?	Instability or atlantoaxial instability? (Down syndrome or dwarfism)					
24. Do any of your joints become painful, swollen, feel warm, or look red?						
······································						
CO. DO YOU HAVE ANY HISKNY OF HIVERING AUTHRIES OF CORRECTIVE RESSUE DISEASE?			<b>  </b>			
hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	1					

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#### ■ PREPARTICIPATION PHYSICAL EVALUATION

# THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Ex	am				· <del></del>
Name _				Date of birth	
Sex	Age	Grade	School	Sport(s)	
1. Type o	d disability				
1	f disability				
	lcation (il avallable)				
		isease, accident/trauma, other)			
	e sports you are Inter				Prince
			ne ( t. 1990) ( 1990)		Yes No
6. Do you	regularly use a brac	ce, assistive device, or prostheti	7		
		ce or assistive device for sports		ов то ден от тем не	······································
8. Do you	have any rashes, pr	essure sores, or any other skin	problems?		- are a manager, in a second and
9. Do you	have a hearing loss	? Do you use a hearing aid?			
10. Do you	i have a visual impali	rment?			
11. Do you	use any special dev	ices for bowel or bladder functi	on?		
		comfort when urinating?			
	ou had autonomic dy			ı	
			ermla) or cold-related (hypothermia) line	988?	
	have muscle spastic				
16. Do you	have frequent setzu	res that cannot be controlled by	medication?		
Explain "ye:	s" answers here				
***					
FI COMPANY OF THE PROPERTY OF	·····				
		***************************************			
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		**************************************			
Please Indic	ate if you have eve	r had any of the following.			
		Alexander and a second a second and a second a second and	27 (28 miles) (19 mile		Yes No
Atlantoaxlal	l Instability				
X-ray evalu	ation for atiantoaxial	instability			
	oints (more than one	)			'
Easy bleedi					
Enlarged sp	keen				
Hepatitis				200	
	or osteoporosis				
	ntrolling bowel				Marie
	ntrolling bladder				
	or tingling in arms or	· · · · · · · · · · · · · · · · · · ·	TOTAL		
	or tingling in legs or t	leet			
	n arms or hands				
	n legs or feet				
	nge in coordination				
	ige in ability to walk				
Spina bifida Latex allerg					
Edick @icig	J				
Explain "yes	" answers here				
***************************************					
					######################################
			7.007.000.000.000.000.000.000.000.000.0		THE TAXABLE PARTY OF THE PARTY
					·····
Santa - a - a	Adhal to the time	Amu basudadaa	A. D. at an		
nereny stát	e mar, to the best o	n my knowledge, my answers	to the above questions are complete	and correct.	
Sonature of ath	lote		Signature of parent/guardian		Date
63.004.0 1	tong tong and the	A Physical and a second		orto Madiolno American Mattaci Cockets for Court	·

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#### **■ PREPARTICIPATION PHYSICAL EVALUATION**

## PHYSICAL EXAMINATION FORM

Name										Date of bi	rth	· · · · · · · · · · · · · · · · · · ·	
PHYSICIAN REMINI  Consider additional que Do you feet stressed Do you ever feet sad Do you feet sate at y Have you ever tried o During the past 30 d Do you drink atcohol Have you ever taken Have you ever taken Have you ever taken Do you wear a seat t Consider reviewing que	stions on mout or under, hopeless, our home or digarettes, cays, did you or use any anabotic stany supplement, use a h	er a lot of depress r reside thewing r use ch other d erolds c ments t elmet,	of pressi ied, or a nce? i tobacci iewing t nugs? or used a o help y	ure? nxious? o, snuff, or obacco, sr any other ( ou gain or condoms?	nuff, or dip? performance supple r lose welght or Imp ?		mance?						
EXAMINATION													
Helght			Weight			☐ Male	☐ Fer	nale					
BP / MEDICAL	(		)	Pulse		Vision	-	IARTES!	L 20/	andreas are conjugate as po	Color Article (All Colors of Colors		N
Appearance  • Marfan stigmata (kypharm span > height, hy Eyes/ears/nose/throat						nnodactyły,		ORMAL		A	MORMAL FI	iniuas	
Pupils equal     Hearing		n poorten oo an a san a sa											
Lymph nodes								~~~					
Murmurs (auscultation     Location of point of ma     Pulses				aiya)				·				- Constant C	
Simultaneous femoral	and radial p	uises											
Lungs					······································								·/
Abdomen													
Genitourinary (males only	<u>}</u>												
Skin  HSV, lesions suggestive Neurologic*	of MRSA,	tinea co	orporis					- The state of the		(r		<u></u>	
MUSCULOSKELETAL Neck													
Back						oddoedoerd in tremmen				A STANDARD OF THE PROPERTY OF THE PARTY OF T			
Shoulder/arm				**************************************				No. of the last of	To Milmit Add Int Vicility and a color convenience on				
Elbow/forearm													
Wrist/hand/fingers Hip/thigh				************		Salar managaran da managaran managaran managaran managaran managaran managaran managaran managaran managaran m							
Knee	***************************************	·		~~~				.,					
Leg/ankle	ti tid od sod siden e mloviti sahni tere i te e te ti				*************************	Andrew Commence of the Particle of the Particl						and the state of t	ater general programment, in agreement programment of the programment of the programment of the programment of
Foot/toes								en Terrenti en Lestallando en Silvino De estados					anniani manananiani
Functional  • Duck-walk, single leg h	юр	normal party and the same	·										The state of the s
Consider ECG, echocardiogram, Consider GU exam II in private : Consider cognitive evaluation o Cleared for all sports wi	setting. Havin i basclino nei thout restric	g third p propsych ction	arty presi labic test	ent is recom ing if a test	imended. Gry of stgrificznii conc.		nt for _						
☐ Not cleared				•	,								
<ul> <li>Pending for</li> </ul>	uther evalu	ation											
☐ For any sp													
Recommendations													
have examined the above participate in the sport(s) ions arise after the athlet explained to the athlete (a	as outlined e has been	d above cleare	a A cop d for p	y of the p	ihvsical exam is or	i tecord in my c	iffice and	I can be made	available to b	he school at	the request:	of the narent	s. If condi-
lame of physician (print/typ													
Address													
ilgnature of physician													

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## **■ PREPARTICIPATION PHYSICAL EVALUATION**

## **CLEARANCE FORM**

Name		Sex 🗖 M	□ F Age	Date of birth
☐ Cleared for all sp	oorts without restriction			
☐ Cleared for all sp	orts without restriction with recommend	ations for further evaluation or tre	atment for	
□ Not cleared				
□ Pend	ling further evaluation			
□ For a	nny sports			
□ For c	certain sports			
Reas	on			
Recommendations _			······································	
l have examined t	the above-named student and con	npleted the preparticipation	physical evalua	tion. The athlete does not present apparent
clinical contraind	ications to practice and participal	te in the sport(s) as outlined	above. A copy of	of the physical exam is on record in my offic
ano can be made the physician mai	avaliable to the school at the requ v rescind the clearance until the n	liest of the parents. If condit Iroblem is resolved and the I	ions arise atter: notential consec	the athlete has been cleared for participatio juences are completely explained to the athl
(and parents/guai	rdians).	denomina i decembra mina mile	, o to 11 to 11 to 11 to 1	nonovo deo compicion, explanad to the titll
				Date
				Phone
Signature of physicial	1		·	, MD or
ENERGENOV IN	PARISTIAN			
EMERGENCY IN				
Autergres				
			<del></del>	
Other information	11.21.21.2			
Jaiot shormation				
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