

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your pare	nts if younger the	an 18) before your a	ppointment. Date of birth:	
Name:	Spor		die of biffif.	
Sex: M/F	opor	1(3).		
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past surg	gical procedures.			
Medicines and supplements: List all current prescu	iptions, over-the	-counter medicines, c	and supplements (herbal and nu	tritional).
Do you have any allergies? If yes, please list all y	our allergies (ie,	medicines, pollens, f	ood, stinging insects).	
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been been been been been been been bee	bothered by any Not at al		olems? (check box next to approp Over half the days Nearly	
Feeling nervous, anxious, or on edge	□ 0	□ 1	2	3
Not being able to stop or control worrying	□∘	a 🔲 1	2]3
Little interest or pleasure in doing things	□о	□ 1	2]3
Feeling down, depressed, or hopeless	□о	□ 1]3
(A sum of ≥3 is considered positive on either	r subscale [questi	ons 1 and 2, or que	stions 3 and 4] for screening pu	rposes.)
			And the second s	
GENERAL QUESTIONS		HEART HEALTH QU	ESTIONS ABOUT YOU	
(Explain "Yes" answers at the end of this form.		(CONTINUED)		Yes No
Circle questions if you don't know the answer.)	Yes No		ht-headed or feel shorter of breath	
 Do you have any concerns that you would like to discuss with your provider? 		than your trier	nds during exercise?	
Has a provider ever denied or restricted your		10. Have you ever	had a seizure?	
participation in sports for any reason?				
3. Do you have any ongoing medical issues or		THE PERSON NAMED IN COLUMN 2 I	ESTIONS ABOUT YOUR FAMILY	Yes No
recent illness?			member or relative died of heart	
HEART HEALTH QUESTIONS ABOUT YOU	Yes No		ad an unexpected or unexplained before age 35 years (including	
Have you ever passed out or nearly passed out during or after exercise?			nexplained car crash)?	
5. Have you ever had discomfort, pain, tightness,			n your family have a genetic heart	
or pressure in your chest during exercise?			as hypertrophic cardiomyopathy a syndrome, arrhythmogenic right	
6. Does your heart ever race, flutter in your chest,			diomyopathy (ARVC), long QT	
or skip beats (irregular beats) during exercise?			S), short QT syndrome (SQTS),	
7. Has a doctor ever told you that you have any		Brugada syndr	ome, or catecholaminergic poly-	
heart problems?		morphic, ventri	cular tachycardia (CPVT)?	
8. Has a doctor ever requested a test for your		13 Has anyone in	your family had a pacemaker or	
heart? For example, electrocardiography (ECG)			lefibrillator before age 35?	

BOI	NE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	N	lo
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 practice or game?			25. Do you worry about your weight?26. Are you trying to or has anyone recommended		Ī	
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			that you gain or lose weight? 27. Are you on a special diet or do you avoid certain types of foods or food groups?	H	<u> </u> [
MED	ICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?	H	늗	=
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			FEMALES ONLY	Yes	N	0
	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		同	How old were you when you had your first menstrual period?			ÇM II
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		Ш	31. When was your most recent menstrual period?			
	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?			32. How many periods have you had in the past 12 months? Explain "Yes" answers here.	ī		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						_
	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						_ _ _
	Have you ever become ill while exercising in the heat?		1 17 g				_
	Do you or does someone in your family have sickle cell trait or disease?		EXT D	others; or CSS		675	_
	Have you ever had or do you have any prob- ems with your eyes or vision?						_
ind c i ignatur	by state that, to the best of my known orrect. The of athlete:	wledg	je, my	nswers to the questions on this form are co	mplei	te	_

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■ PREPARTICIPATION PHYSICAL EVALUATION

Address: _

Signature of health care professional: ___

PHYSICAL EXAMINATION	I FORM			
Name:		Date	e of birth:	
During the past 30 days, didDo you drink alcohol or use cHave you ever taken anabolic	nder a lot of pressure? ss, depressed, or anxious? se or residence? ss, e-cigarettes, chewing tobacco, s you use chewing tobacco, snuff, o any other drugs? c steroids or used any other perfor plements to help you gain or lose a helmet, and use condoms?	snuff, or dip? or dip? rmance-enhancing supplement? weight or improve your perforn		
EXAMINATION	计3等的编数数 数数	请你并有他的 你们是	经付款的	(加)的 特别 的过去分词
Height: Wei	ight:			1
BP: / (/) Po	Pulse: Vision: R 2	20/ L 20/	Corrected: Y	□N
MEDICAL			NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, myopia, mitral valve prolapse [M\ Eyes, ears, nose, and throat		atum, arachnodactyly, hyperlax	ity,	
Pupils equal				
Hearing				
Lymph nodes			100	
Heart* • Murmurs (auscultation standing, a	suscultation supine, and ± Valsalva	a maneuver)		
Lungs				
Abdomen				
Skin Herpes simplex virus (HSV), lesion tinea corporis	is suggestive of methicillin-resistan	nt Staphylococcus aureus (MRSA	1), or	
Neurological				
MUSCULOSKELETAL		用的名词形型的 有数据的数	NORMAL	ABNORMAL FINDINGS
Neck				
Back				
Shoulder and arm				
Elbow and forearm				
Wrist, hand, and fingers				
Hip and thigh Knee				
Leg and ankle				
Foot and toes				
Functional				
 Double-leg squat test, single-leg sq 	juat test, and box drop or step dro	op test		
Consider electrocardiography (ECG), ation of those.			c history or examin	ation findings, or a combi-
lame of health care professional (print	or type):		Dat	e:

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, MD, DO, NP, or PA

Phone: _

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM		
Name: Date of birth: _		
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:		
<u> </u>		
examination findings are on record in my office and can be made available to the school	at the request of the	e parents. If conditions
examination findings are on record in my office and can be made available to the school arise after the athlete has been cleared for participation, the physician may rescind the mand the potential consequences are completely explained to the athlete (and parents or gu	at the request of the edical eligibility unt vardians).	e parents. If conditions il the problem is resolved
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