Athletic Participation and Physical Examination Form

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed below by parent or guardian or 18-year-old.

LAST	FIRST	MI	SEX	GRADE	DATE OF BIRTH	AGE
ATHLETE'S NAME:					--- ---	

NUMBER AND STREET	CITY	ZIP
ATHLETE'S ADDRESS:		

NAME OF FATHER OR GUARDIAN	WORK PHONE	NAME OF MOTHER OR GUARDIAN	WORK PHONE

FAMILY DOCTOR	OFFICE PHONE	ATHLETE'S HOME PHONE

INSURANCE STATEMENT AND MEDICAL HISTORY

The athlete/participant will comply with the specific insurance regulations and Medical History questions as completely and accurate as possible.

Family Insurance Co: _____ Contract #: _____

Signatures of Athlete: _____ & Parent/Guardian or 18 Year Old: _____

GENERAL QUESTIONS	YES	NO	YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO	MEDICAL QUESTIONS	YES	NO
Has a Doctor ever denied or restricted your participation in Sports for any reason?			Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?			Do you have any concerns that you would like to discuss with a doctor?		
Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other: _____			Has any family member or relative died of heart Problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome) ?			Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen A testicle (males) Any other organ? _____		
Have you ever spent the night in the hospital?			Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?			Have you ever had an eating disorder?		
Have you ever had surgery?						Do you worry about your weight?		
HEART HEALTH QUESTIONS ABOUT YOU	**YES**	**NO**	**BONE AND JOINT QUESTIONS**	**YES**	**NO**	Have you ever had a head injury or concussion?		
Have you ever passed out or nearly passed out DURING or after exercise?			Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			Have you ever had any broken or fractured bones or dislocated joints?			Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Do you get lightheaded or feel more short of breath than expected during exercise?			Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches?			Have you ever been unable to move your arms or legs after being hit or falling?		
Do you get more tired or short of breath more quickly than your friends during exercise?			Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			Are you trying to or has anyone recommended that you gain or lose weight?		
Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram			Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			Are you on a special diet or do you avoid certain types of foods?		
Have you ever had an unexplained seizure or do you have a history of seizure disorder?			Do you regularly use a brace, orthotics, or other assistive device?			Do you wear protective eyewear, such as goggles, or a face shield?		
Does your heart ever race or skip beats (irregular beat) during exercise?			Do any of your joints become painful, swollen, feel warm or look red?			Do you or someone in your family have sickle cell trait or disease?		
Has a doctor ever told you that you have high blood pressure?			Do you have any history of juvenile arthritis or connective tissue disease?			Have you had any problems with your eyes or vision or had any eye injuries?		
Has a doctor ever told you that you have high cholesterol?			Have you ever had a stress fracture?			Do you wear glasses or contact lenses?		
Has a doctor ever told you that you have Kawasaki disease?			Have you a bone, muscle, or joint injury bothering you?			Have you ever had herpes or MRSA skin infection?		
Has a doctor ever told you that you have other heart problems?			**IMMUNIZATION HISTORY**	**YES**	**NO**	Have you had infectious mononucleosis (mono) within the last month?		
Has a doctor ever told you that you have a heart infection?			Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR)			Do you have any rashes, pressure sores, or other skin problems?		
Has a doctor ever told you that you have a heart murmur?			**MEDICAL QUESTIONS**	**YES**	**NO**	Do You Have Any Allergies?		
YOUR FAMILY'S HEART HEALTH QUESTIONS	**YES**	**NO**	Have you ever become ill while exercising in the heat?			**FEMALES ONLY**	**YES**	**NO**
Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator?			Do you cough, wheeze, or have difficulty breathing during or after exercise?			Have you ever had a menstrual period?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?			Do you have headaches or get frequent muscle cramps When exercising?			How old were you when you had your first menstrual period?		
Anyone in your family had unexplained fainting?			Do you have pain, a painful bulge or hernia in the groin?			How many periods have you had in the last twelve (12) months?		
Anyone in your family had unexplained seizures?			Is there any one in your family who has asthma?					
Anyone in your family had unexplained near drowning?			Have you ever used an inhaler or taken asthma medicine?					

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

Athlete Signature: _____ Signature of Parent/Gaurdian : _____ Date: _____

---------- **< DETACH HERE IF NEEDED TO ACCOMPANY ATHLETE >** ----------

EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

Athlete's Name: _____ Grade: _____

IN EMERGENCY 1) _____ Phone #: _____ Cell #: _____

CONTACT or 2) _____ Phone #: _____ Cell #: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Drug Reactions: _____

Current Medications: _____

PHYSICAL EXAM & MEDICAL TREATMENT CONSENT FORMS

• To be completed by parent or guardian or 18-year-old.

PLEASE PRINT

Last	First	Middle
ATHLETE'S COMPLETE LEGAL NAME:		

ATHLETE'S DATE OF BIRTH: Month	Day	Year	PLACE OF BIRTH: City	State

CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION: (Circle Correct Response As Necessary) Height: Weight: Male/Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: Yes No

MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
			Back		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Shoulder/Arm		
Lymph Nodes			Elbow/Forearm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Wrist/Hand/Fingers		
Pulses: Simultaneous femoral and radial pulses			Hip/Thigh		
Lungs:			Knee		
Abdomen			Leg/Ankle		
Genitourinary (Males Only)			Foot/Toes		
Skin: HSV, lesions suggestive of MRSA, tinea corporis			Functional: Duck Walk		
Neurologic:					

RECOMMENDATIONS: _____

I certify that I have examined the above athlete and recommend him/her as being able to compete in supervised athletic activities ***NOT*** crossed out below

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS
ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

SIGNATURE OF EXAMINER: _____ CIRCLE ONE MD DO PA NP

PRINTED NAME OF EXAMINER: _____ DATE: _____

MEDICAL TREATMENT CONSENT – To Be Completed By Parent or Guardian or 18-Year-Old

I, _____, an 18 year-old, or the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD _____ DATE _____

MEDICAL TREATMENT LOCATION - Please Indicate your local medical center of choice:

1)_____

2)_____

3)_____

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD _____ DATE _____