

# Sports Preparticipation Health Evaluation

To be completed and signed by the athlete and parent/guardian if athlete is less than 18 years of age.  
A current sports physical is one performed on or after April 15 of the previous school year.

Student Name:	Last	First	Middle	Sex	M	F	Date of Birth	/	/	Age	Today's Date:	/	/		
Student Address:	Number & Street Name		City	State	Zip			Student's Phone:		Home: _____ Cell: _____					
Name of Father/Guardian:				Phone#:				Name of Mother/Guardian:				Phone#:			
School:		Grade:		Sports Activities:											

I hereby state that, to the best of my knowledge, the following medical history information is correct. I authorize Dr. \_\_\_\_\_ to perform this evaluation.  
 Student athlete signature: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_ Today's date: / /

## MEDICAL HISTORY

GENERAL QUESTIONS	Y	N	YOUR FAMILY'S HEART HEALTH QUESTIONS	Y	N	MEDICAL QUESTIONS	Y	N
1. Has a Doctor ever denied or restricted your participation in sports for any reason?			24. Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome?			43. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? Such as Asthma, Anemia, Diabetes, Infections or Other			25. 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)?			44. Were you born without or are you missing an organ? Identify by circling: Kidney Eye Spleen Testicle (males) Any other organ: _____		
3. Do you regularly take medication (prescription or over the-counter)?			26. Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome?			45. Do you or someone in your family have sickle cell trait or disease?		
4. Do you have any allergies (medications, bee stings, other)?						46. Have you ever had an eating disorder?		
5. Have you ever had surgery or spent the night in the hospital?								
HEART HEALTH QUESTIONS ABOUT YOU			BONE AND JOINT QUESTIONS			47. Do you worry about your weight?		
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?			27. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
7. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			28. Have you ever had any broken or fractured bones or dislocated joints?			49. Are you on a special diet or do you avoid certain types of foods?		
8. Do you get lightheaded or feel more short of breath than expected during exercise?			29. Have you ever had an injury that required xrays, MRI, CT scan, injections, therapy, a brace or cast or crutches?			50. Have you ever had a head injury or concussion? If yes, How many? _____		
9. Do you get more tired or short of breath more quickly than your friends during exercise?			30. Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or Dwarfism)?			51. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Has a doctor ever ordered a test for your heart? For example: ECG / EKG, echocardiogram			31. Have you ever had an x ray for neck instability or atlantoaxial instability (Down syndrome or Dwarfism)?			52. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
11. Have you ever had an unexplained seizure or do you have a history of seizure disorder?			32. Do you regularly use a brace, orthotics, or other assistive device?			53. Have you ever been unable to move your arms or legs after being hit or falling?		
12. Does your heart ever race or skip beats (irregular beat) during exercise?			33. Do any of your joints become painful, swollen, feel warm or look red?			54. Do you wear protective eyewear, such as goggles, or a face shield?		
13. Has a doctor ever told you that you have high blood pressure?			34. Do you have any history of juvenile arthritis or connective tissue disease?			55. Have you had any problems with your eyes or vision or had any eye injuries?		
14. Has a doctor ever told you that you have high cholesterol?			35. Have you ever had a stress fracture?			56. Do you wear glasses or contact lenses?		
15. Has a doctor ever told you that you have Kawasaki disease?			36. Do you have a bone, muscle, or joint injury bothering you?			57. Have you ever had herpes or MRSA skin infection?		
16. Has a doctor ever told you that you have other heart problems?			IMMUNIZATION HISTORY			58. Have you had infectious mononucleosis (mono) within the last month?		
17. Has a doctor ever told you that you have a heart infection?			37. Are you missing any recommended vaccines (Tetanus, Flu, MCV4, HPV, Chicken pox, MMR)?			59. Do you have any rashes, pressure sores, or other skin problems?		
18. Has a doctor ever told you that you have a heart murmur?			Date of your most recent tetanus: / /			60. Do you have any concerns that you would like to discuss with a doctor?		
YOUR FAMILY'S HEART HEALTH QUESTIONS			MEDICAL QUESTIONS			FEMALES ONLY		
19. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			38. Have you ever become ill while exercising in the heat?			61. Have you ever had a menstrual period?		
20. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome?			39. Do you have headaches or get frequent muscle cramps when exercising?			62. How many periods have you had in the last twelve (12) months?		
21. Anyone in your family had unexplained fainting?			40. Do you have pain, a painful bulge or hernia in the groin?			63. How old were you when you had your first menstrual periods? Age: _____		
22. Anyone in your family had unexplained seizures?			41. Is there anyone in your family who has asthma?			Date of most recent menstrual period: / /		
23. Anyone in your family had unexplained near drowning?			42. Have you ever used an inhaler or taken asthma medicine?					

Use this space for details of any "Yes" answers above or any additional health history:

## PHYSICAL EXAMINATION

BMI:	Height:	Weight:	Male / Female	BP:	/	Pulse:	Vision: R20/	L20/	Corrected: Yes / No						
MEDICAL				DETAILS				MUSCULOSKELETAL				DETAILS			
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)				N	A	NE					Deformity, ROM, Strength, Instability				
HEENT: anisocoria, hearing deficits, deviated septum, dental / braces							Neck								
Heart: Murmurs (auscultation standing/supine/+/- Valsalva) PMI							Back								
Pulses: radial, femoral (coarctation)							Shoulder/Arm								
Lungs: wheezing, rhonchi, rubs							Elbow/Forearm								
Abdomen: tenderness, organomegaly, bruits							Wrist/Hand/Fingers								
Genitalia: undescended / absent testicle, hernia							Hip/Thigh								
Skin: acne, furuncles / carbuncles, impetigo, herpes							Knee								
Neuro/Psych: head/C-spine injury, sensory/motor deficits, depression signs							Leg/Ankle								
Ancillary Testing: BESS Score (balance testing) _____ (2 digit)							Foot/Toes								
Baseline Neuro/Psych Test: Y / N							Functional: Duck Walk								
RS:				S:				SS:				EKG: Y / N			

PARENT / ATHLETE SECTION (PLEASE COMPLETE)

PHYSICIAN SECTION

