**2011-12 NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION**

**SPORT PREPARTICIPATION EXAMINATION FORM**

**Patient’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_ **Sex: \_\_\_\_\_**

***This is a screening examination for participation in sports. This does not substitute for a comprehensive***

***examination with your child’s regular physician where important preventive health information can be covered.***

**Athlete’s Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your

knowledge.

**Parent’s Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or

don’t know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician’s Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don’t Know answers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Explain “Yes” answers below** | Yes | No | Don’t Know |
| 1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]?

List: |  |  |  |
| 2. Is the athlete presently taking any medications or pills?  |  |  |  |
| 3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)? |  |  |  |
| 4. Does the athlete have the sickle cell trait?  |  |  |  |
| 5. Has the athlete ever had a head injury, been knocked out, or had a concussion |  |  |  |
| 6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities |  |  |  |
| 7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle |  |  |  |
| 8. Has the athlete ever fainted or passed out AFTER exercise? |  |  |  |
| 9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)? |  |  |  |
| 10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise? |  |  |  |
| 11. Has the athlete ever been diagnosed with exercise-induced asthma ? |  |  |  |
| 12. Has a doctor ever told the athlete that they have high blood pressure? |  |  |  |
| 13. Has a doctor ever told the athlete that they have a heart infection? |  |  |  |
| 14. Has a doctor ever ordered an EKG or other test for the athlete’s heart, or has the athlete ever been told they have a murmur? |  |  |  |
| 15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of theirheart “racing” or “skipping beats”? |  |  |  |
| 16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem? |  |  |  |
| 17. Has the athlete ever had a stinger, burner or pinched nerve? |  |  |  |
| 18. Has the athlete ever had any problems with their eyes or vision? |  |  |  |
| 19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury ofany bones or joints? |  |  |  |
|  Head  Shoulder  Thigh  Neck  Elbow  Knee  Chest Hip Forearm  Shin/calf  Back  Wrist  Ankle  Hand  Foot |  |  |  |
| 20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?  |  |  |  |
| 21. Has the athlete ever been hospitalized or had surgery?  |  |  |  |
| 22. Has the athlete had a medical problem or injury since their last evaluation? |  |  |  |
| **FAMILY HISTORY** |  |  |  |
| 23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant deathsyndrome [SIDS], car accident, drowning)? |  |  |  |
| 24. Has any family member had unexplained heart attacks, fainting or seizures? |  |  |  |
| 25. Does the athlete have a father, mother or brother with sickle cell disease? |  |  |  |

Elaborate on any positive (yes) answers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, I give permission for my child to participate in sports.***

Signature of parent/legal custodian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician’s Assistant)***

**Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BP (\_\_\_\_\_\_\_\_\_\_\_% ile) / \_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_% ile) Pulse\_\_\_\_\_\_\_\_\_\_\_\_**

**Vision R 20/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ L 20/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corrected: Y N**

|  |
| --- |
| **These are required elements for all examinations** |
|  | **NORMAL** | **ABNORMAL** | **ABNORMAL FINDINGS** |
| **PULSES** |  |  |  |
| **HEART** |  |  |  |
| **LUNGS** |  |  |  |
| **SKIN** |  |  |  |
| **NECK/BACK** |  |  |  |
| **SHOULDER** |  |  |  |
| **KNEE** |  |  |  |
| **ANKLE/FOOT** |  |  |  |
| **Other Orthopedic****Problems** |  |  |  |
| **Optional Examination Elements – Should be done if history indicates** |
| **HEENT** |  |  |  |
| **ABDOMINAL** |  |  |  |
| **GENITALIA (MALES)** |  |  |  |
| **HERNIA (MALES)** |  |  |  |

**Clearance\*\*:**

**A. Cleared**

**B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **C. Not cleared for:** **Collision** **Contact**

**Non-contact \_\_\_\_\_\_Strenuous \_\_\_\_\_\_Moderately strenuous \_\_\_\_\_\_Non-strenuous**

**Due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Recommendations/Rehab Instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Physician/Extender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Physician/Extender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD DO PA NP**

**(Signature and circle of designated degree required)**

|  |
| --- |
| **Physician Office Stamp:** |

**Date of exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel’s deformity), history of convulsions or concussions, absence of/ or one kidney, eye, testicle or ovary, etc.)

**This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee March 2011, and the NCHSAA Board of Directors**

**reviewed annually.**