

# School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2010

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

**Athlete and Parent/Guardian:** Please review all questions and answer them to the best of your ability. Explain any YES answers on back.

**Medical Provider:** Please review with the athlete details of any positive answers.

| YES | NO | Don't Know |  |
|-----|----|------------|--|
|     |    |            | 1. Has anyone in the athlete's family died suddenly before the age of 50 years?  |
|     |    |            | 2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?   |
|     |    |            | 3. Does the athlete have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?   |
|     |    |            | 4. Is the athlete allergic to any medications or bee stings?   |
|     |    |            | 5. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?  |
|     |    |            | 6. Has the athlete ever had a head injury or concussion?   |
|     |    |            | 7. Has the athlete ever had a hit or blow to the head that caused confusion, memory problems, or prolonged headache?   |
|     |    |            | 8. Has the athlete ever suffered a heat-related illness (heat stroke)?   |
|     |    |            | 9. Does the athlete have a chronic illness or see a physician regularly for any particular problem?  |
|     |    |            | 10. Does the athlete take any prescribed medicine, herbs or nutritional supplements?   |
|     |    |            | 11. Does the athlete have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?  |
|     |    |            | 12. Has the athlete ever had prior limitation from sports participation?   |
|     |    |            | 13. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easily?  |
|     |    |            | 14. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?  |
|     |    |            | 15. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.) |
|     |    |            | 16. Has the athlete ever been hospitalized overnight or had surgery?   |
|     |    |            | 17. Does the athlete lose weight regularly to meet the requirements for your sport?  |
|     |    |            | 18. Does the athlete have anything he or she wants to discuss with the physician?  |
|     |    |            | 19. Does the athlete cough, wheeze, or have trouble breathing during or after activity?  |
|     |    |            | 20. Are you unhappy with your weight?  |
|     |    |            | 21. FEMALES ONLY   |
|     |    |            | a. When was your first menstrual period? _____   |
|     |    |            | b. When was your most recent menstrual period? _____   |
|     |    |            | c. What was the longest time between menstrual periods in the last year? _____   |

**Parent/Guardian's Statement:**

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a registered athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

Signed: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

# School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2010

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_ Rhythm: Regular \_\_\_\_\_ Irregular \_\_\_\_\_

| MEDICAL  | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|--|--------|-------------------|-----------|
| Appearance                                     |        |                   |           |
| Eyes / Ears / Nose / Throat                    |        |                   |           |
| Lymph Nodes                                    |        |                   |           |
| Heart: Pericardial activity                    |        |                   |           |
| 1 <sup>st</sup> & 2 <sup>nd</sup> heart sounds |        |                   |           |
| Murmurs  |        |                   |           |
| Pulses: brachial / femoral                     |        |                   |           |
| Lungs  |        |                   |           |
| Abdomen  |        |                   |           |
| Skin   |        |                   |           |

### MUSCULOSKELETAL

|                 |  |  |  |
|-----------------|--|--|--|
| Neck            |  |  |  |
| Back            |  |  |  |
| Shoulder / arm  |  |  |  |
| Elbow / forearm |  |  |  |
| Wrist / hand    |  |  |  |
| Hip / thigh     |  |  |  |
| Knee            |  |  |  |
| Leg / ankle     |  |  |  |
| Foot            |  |  |  |

\* Station-based examination only

### CLEARANCE

\_\_\_\_\_ Cleared  
 \_\_\_\_\_ Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ (print or type) Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Medical Provider: \_\_\_\_\_

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