# ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

any reason?  2. Do you have any ongoing medical conditions? If so, please identify below:	Sport(s)	
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and Medicines		
Do you have any allergies?		
Medicines	uppiements (neroal and nutritional) that you are currently taki	ng
plain "Yes" answers below. Circle questions you don't know the answers to.  ENERAL QUESTIONS Yes No ENERAL QUESTIONS AGRICULT ORDER OF THE PROPERTY OF THE PRO		<del></del>
Medicines		
Medicines   Pollens   Food		
MEDICAL   Nest   No   MEDICAL	☐ Stinging Insects	
MEDICAL   No   MEDICAL		
1. Has a doctor ever dehied or restricted your participation in sports for any reason?  2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections  Other:  3. Have you ever past the night in the hospital?  4. Have you ever had surgery?  14. Have you ever had surgery?  15. Have you ever passed out or nearly passed out DURING or AFTER exercise?  6. Have you ever passed put or nearly passed out DURING or AFTER exercise?  7. Does your heart ever race or skip beats (irregular heats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High bood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasald disease Other: ☐ Rawasald disease Other: ☐ Rawasald disease Other: ☐ Have you ever had an unexplained seizure?  10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained seizure?  12. Do you get more tired or short of breath more quickly than your friends during exercise?  13. Has any family member or relative died of heart problems or had an unexplained sinden death before age 50 (including) quickly unexplained car accident, or sudden infant death syndrome)?  14. Does aryone in your family had unexplained fainting, unexplained sinder right ventricular cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, Marfan syndrome, in your family had unexplained fainting, unexplained seizures, or near drowning?  15. Does aryone in your family had unexplained fainting, unexplained seizures, or near drowning?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Ha	JESTIONS Y	es N
any reason?  2. Do you have any ongoing medical conditions? if so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections Other:  3. Have you ever spent the night in the hospital?  4. Have you ever had surgery?  5. Have you ever had surgery?  6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  7. Doe's your heart ever race or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? if so, check all that apply: □ High blood pressure □ A heart mulmor □ High chloesterol □ A heart infection □ High chloesterol □ A heart mulmor □ High chloesterol □ A heart infection □ High chloesterol □	ough, wheeze, or have difficulty breathing during or	<del>-</del>
below: Astrima Anemia Diabetes Infections Other:  3. Have you ever spent the night in the hospital?  4. Have you ever spent the night in the hospital?  5. Have you ever passed out or nearly passed out DURING or AFTER exercise?  6. Have you ever passed out or nearly passed out DURING or AFTER exercise?  7. Does your heart ever race or skip beats (tregular heats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  1 High blood pressure Aheart infection Rawasaid disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained seizure?  12. Do you get Inpirtheaded or feel more short of breath than expected during exercise?  14. Have you ever had an unexplained seizure?  15. Do you get more tired or short of breath more quickly than your friends during exercise?  16. Have you get more tired or short of breath more application of the problems or had an unexplained car accident, or sudden infant death syndrome)?  17. Have you get more tired or short of breath more application or unexplained car accident, or sudden infant death syndrome)?  18. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury that required x-rays, MRR, C7 scan, injections, therapy, a brace, a cast, or crudines?  20. Have you ever had a sfress fracture?	<del></del>	
Other: 3. Have you ever spent the night in the hospital? 4. Have you ever had surgery? 5. Have you ever had surgery? 6. Have you ever had discomfort, pain, tightness, or pressure in your cheek during exercise? 7. Does your heart ever race or skip boats (irregular heats) during exercise? 8. Have you ever had discomfort, pain, tightness, or pressure in your cheek during exercise? 9. Have you ever had discomfort, pain, tightness, or pressure in your cheek during exercise? 9. Hose your heart ever race or skip boats (irregular heats) during exercise? 9. High blood pressure	ever used an inhaler or taken asthma medicine?	
3. Have you ever spent the night in the hospital? 4. Have you ever had surgery? 5. Have you ever had surgery? 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? 6. Have you ever had discomfort, pain, tightness, or pressure in your check during exercise? 7. Does your heart ever race or skip beats (trregular heats) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: 11 High blood pressure A heart murmur Rawasaid disease Other: 12 Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, enhocardiogram) 13. Have you ever had an unexplained seizure? 14. Do you get lightheaded or feel more short of breath than expected during exercise? 15. Do you get more tired or short of breath more quickly than your friends during exercise? 16. Has any family member or relative died of heart problems or had an unexpected or unexplained seizure? 17. Do you get more tired or short of breath more quickly than your friends during exercise? 18. Have you ever had an unexplained seizure? 19. Do you get more tired or short of breath more quickly than your friends during exercise? 19. Has any family member or relative died of heart problems or had an unexpected or unexplained car accident, or sudden infant death syndrome)? 19. Do you get more tired or short of breath more quickly than your friends during exercise? 19. Do you get more tired or short of breath more quickly than your friends during exercise? 19. Do you get more tired or short of breath more quickly than your friends during exercise? 19. A page anyone in your family have hypertrophic cardiomyopathy, Marfan eyndrome, arrhythmogenic right ventricular acadiomyopathy, long Off your your diend of the page anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 19. Does anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice	anyone in your family who has asthma?	
4. Have you ever had surgery?  5. Have you ever passed but or nearly passed out DURING or AFTER exercise?  9. Have you ever passed but or nearly passed out DURING or AFTER exercise?  9. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  7. Does your heart ever race or skip beats (irregular heats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  11 High blood pressure A heart murmur Services of their Awasaid disease Other:  9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained seizure?  12. Do you get nore tired or short of breath more quickly than your friends during exercise?  14. Have you ever had an unexplained seizure?  15. Do you get more tired or short of breath more quickly than your friends during exercise?  16. Has any family member or relative died of heart problems or had an unexplained suiden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan eyndrome, an hythrogenic right ventricular cardiomyopathy, Marfan eyndrome, short Off syndrome, Brugada syndrome, or catechelaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Does anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  18. Have you ever had an injury to a bore, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury that required x-rays, Mrft, C7 scan, injections, therapy, a brace, a cast, or crutches?	I born without or are you missing a kidney, an eye, a testicle your spleen, or any other organ?	
### IEART HEALTH QUESTIONS ABOUT YOU  5. Have you ever passed but or nearly passed out DURING or AFTER exercise?  6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  7. Does your heart ever race or akip beats (tregular heats) during exercise?  8. Has a doctor ever fold you that you have any heart problems? If so, check all that apply:    High cholesterol	ave groin pain or a painful bulge or hemia in the groin area?	
8. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? 7. Does your heart ever race or skip heats (trregular heats) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: 9. High blood pressure A heart murmur 9. High blood pressure A heart infection Rawasald disease Other: 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends during exercise? 13. Have you ever had an unexplained seizure? 14. Do you get more tired or short of breath more quickly than your friends during exercise? 14. Have you ever had an unexplained seizure? 15. Do you get more tired or short of breath more quickly than your friends during exercise? 16. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained fairthy have hypertrophic cardiomyopathy, Marfan syndrome, arrhytunogenic right ventricular cardiomyopathy, fung OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family had unexplained fairthing, unexplained seizures, or near drowning? 16. Has anyone in your family had unexplained fairthing, unexplained seizures, or near drowning? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, Mfd, CT scan, injections, therapy, a brace,	had infectious mononucleosis (mono) within the last month?	_
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? 7. Does your heart ever race or skip beats (irregular heats) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply. 9. High blood pressure A heart murmur 37. Do you 37. Do you 38. Have you ever had an unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 9. Has any family member or relative died of heart problems or had an unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 9. Does anyone in your family have hypertrophic cardiomyopathy, land an syndrome, short of syndrome, Brugada syndrome, or catachdaminergic pohymorphic ventricular tachycardia? 9. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? 9. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 9. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 9. Have you ever had a stress fracture?	ave any rashes, pressure sores, or other skin problems?	十
chest during exercise?  7. Does your heart ever race or skip beats (irregular beats) during exercise?  8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:  1 High blood pressure	had a herpes or MRSA skin infection?	
7. Does your heart ever race or skip beats (irregular heats) during exercise?  8. Has a doctor ever fold you that you have any heart problems? If so, check all that apply:    High blood pressure	ı ever had a head İnjury or concussion?	
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply.    High blood pressure	ı éver had a hit or blow to the head that caused confusion, id headache, or memory problems?	- 1
check all that apply:    High blood pressure   A heart mulmur   33. Have yet excholastero   A heart infection   38. Have yet exercise?   Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)   Do you get lightheaded or feel more short of breath than expected during exercise?   41. Do you get more tired or short of breath more quickly than your friends during exercise?   42. Do you get more tired or short of breath more quickly than your friends during exercise?   43. Have you ever had an unexplained seizure?   44. Have you exercise?   45. Do you get more tired or short of breath more quickly than your friends during exercise?   44. Have you exercise?   45. Do you get more tired or short of breath more quickly than your friends during exercise?   46. Do you get more tired or short of breath more quickly than your friends during exercise?   47. Do you get more tired or short of breath more quickly than your friends during exercise?   48. Have your exercise yet went feel with before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?   46. Do you get more in your family have hypertrophic cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?   49. Are you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?   51. Do you have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?   51. Have you ever had as stress fracture?   53. How you ever had as a stress fracture?   54. Have you ever had a stress fracture?   55. Have you ever had as stress fracture?   56. Have you ever had as stress fracture?   57. Have you ever had as frees fracture?   57. Have you ev	nave a history of selzure disorder?	
High cholesterol   A heart infection   Isas Awasaki disease   Other:   Isas a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)   29. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)   39. Have you exercise?   39. Have you ever had an unexplained seizure?   40. Have you ever had an unexplained seizure?   42. Do you get more tired or short of breath more quickly than your friends during exercise?   43. Have you ever had an unexplained seizure?   44. Have you have heart for the problems or had an unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infart death syndrome)?   48. Are you polymorphic ventricular tachycardia?   49. Are you polymorphic ventricular tachycardia?   49. Are you sever had an injury that explained fainting, unexplained seizures, or near drowning?   49. Are you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?   49. Have you ever had a stress fracture?	nave headaches with exercise?	
Rawasaki disease	ever had numbness, tingling, or weakness in your arms or	
or fall echocardiogram)  10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained seizure?  12. Do you get more tired or short of breath more quickly than your friends during exercise?  13. Have you ever had an unexplained seizure?  14. Do you get more tired or short of breath more quickly than your friends during exercise?  15. Do you get more tired or short of breath more quickly than your friends during exercise?  16. Las 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)?  16. Does anyone in your family have hypertrophic cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Lave you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, Mfft, CT scan, injections, therapy, a brace, a cast, or crutches?	r being hit or falling?	
10. Do you get lightheaded or feel more short of breath than expected during exercise?  11. Have you ever had an unexplained seizure?  12. Do you get more tired or short of breath more quickly than your friends during exercise?  13. Has any family member or relative died of heart problems or had an unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  14. Does arryone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does arryone in your family have a heart problem, pacemaker, or implanted definitilator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRR, CT scan, injections, therapy, a brace, a cast, or crutches?	u ever been unable to move your arms or legs after being hit	ĺ
during exercise?  11. Have you ever had an unexplained seizure?  12. Do you get more tired or short of breath more quickly than your friends during exercise?  13. Has any family member or relative died of heart problems or had an unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  14. Does arryons in your family have hypertrophic cardiomyopathy, Marfan syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does arryons in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, Mfd, CT scan, injections, therapy, a brace, a cast, or crutches?	ever become ill white exercising in the heat?	十
12. Do you get more tired or short of breath more quickly than your friends during exercise?  43. Have you ever had an injury that required x-rays, MRI, CF scarr, injections, therapy, a brace, a cast, or crutches?  44. Have:  45. Boy or 44. Have:  46. Do you dearn your 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)?  46. Does arryone in your family have hypertrophic cardiomyopathy, long OT syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  47. Does arryone in your family have a heart problem, pacemaker, or implanted definitilator?  48. Are you sever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  49. Are you sever had an injury that required x-rays, MRI, CF scarr, injections, therapy, a brace, a cast, or crutches?	et frequent muscle cramps when exercising?	
during exercise?  #EART HEALTH QUESTIONS ABOUT YOUR FAMILY  13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning, unexplained sudden death before age 50 (including drowning) drowning, unexplained car accident, or sudden infant death syndrome)?  14. Does arryone in your family have hypertrophic cardiomyopathy, long QT syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	or someone in your family have sickle cell trait or disease?	
### HAVE ### HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  13. 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)?  14. Does anyone in your family have hypertrophic cardiomyopathy, long QT syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defiritilator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  16. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  17. Nov to the control of the control of the caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	u had any problems with your eyes or vision?	
43. 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 infart death syndrome)?  44. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  45. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  46. Has anyone in your family had unexplained fainting, unexplained setzures, or near drowning?  80NE AND JOINT QUESTIONS  17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	u had any eye injuries?	
unexpected or unexplained studien death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  47. Do you feel to your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  49. Are you see anyone in your family have a heart problem, pacemaker, or implanted definitilator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Boyon family had unexplained fainting, unexplained seizures, or near drowning?  18. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	wear glasses or contact lenses?	- -
48. Are you syndrome, annythmogenic right ventricular cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  45. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained setzures, or near drowning?  17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	wear protective eyewear, such as goggles or a face shield?	
syndrome, annythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibriliator?  16. Has anyone in your family had unexplained fainting, unexplained setzures, or near drowning?  17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	worry about your weight? trying to or has anyone recommended that you gain or	
polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted definitilator?  16. Has anyone in your family had unexplained fainting, unexplained setzures, or near drowning?  17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	ght?	_
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to rriss a practice or a game?  18. Have you ever had any hroken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	on a special diet or do you avoid certain types of foods?	
implanted defibritiator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had any broken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	u ever had an eating disorder?	
10. has anythe any four tall has a texpendent famility, the expendent services, or near drowning?  52. Have services, or near drowning?  53. How e four that caused you to miles a practice or a game?  16. Have you ever had any broken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had as stress fracture?	nave any concerns that you would like to discuss with a doctor?	
BONE AND JOINT QUESTIONS  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had any hroken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?	u ever had a menstrual period?	+
17. Have you ever had an injury to a hone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had any hroken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?	were you when you had your first menstrual period?	
that caused you to miss a practice or a game?  18. Have you ever had any broken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?	my periods have you had in the last 12 months?	
18. Have you ever had any hroken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?	answers here	
injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck		<del></del>
instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?  25. Do you have any history of juvenile arthritis or connective tissue disease?		
hereby state that, to the best of my knowledge, my answers to the above questions are		

## ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

De your offer that in the product, op your offer and an organization of the power of the dispersion, control of the power of the dispersion of the di	PHYSICIAN REMINDERS			·	
Po price set thed soil, hospicate, large preaded, or authorized to provide and analy approved provided and analysis of the provided and analysis of the provided analy	Consider additional questions on more sensitive issues				
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* licino year out share anabolic storoids or lead will place profromance application for exception of surprised profromance applications of the land o	<ul> <li>During the past 30 days, did you use chewing tobacco, snuff, or dip?</li> </ul>		•		
* Risks you can't ballet any a patient factor of the conformance of the your war and and the conformance of the your war and and the sea a failure of the conformance of the your war and the conformance of the conformance o					
**Do you was a set full, use a familiar, and use conjoiners** Character molecular posteriors no architeratorist programs (quadriers 5-14).  **Examination** Biggit		_			
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				Phone	
	Signature of physician		<u>:</u>		MD or DD
	and the second s				

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### PREPARTICIPATION PHYSICAL EVALUATION This form is for summary use in lieu of the physical exam form and health **CLEARANCE FORM** history form and may be used when HIPAA concerns are present. \_\_\_\_\_ Sex 🗆 M 🗇 F Age \_\_\_\_\_\_ Date of birth \_\_ Name Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for □ Not cleared ☐ Pending further evaluation ☐ For any sports □ For certain sports \_ Reason \_ Recommendations \_\_ I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). Name of physician (print/type) \_ Phone\_ \_, MD or 00 Signature of physician \_ **EMERGENCY INFORMATION** Other information \_

#### **CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE**

\*Entire Page Completed By Patient

Athlete Information				
Last Name	First Name MI			
Sex: [ ] Male [ ] Female Grade				
Allergies				
	Policy Number			
Group Number	Insurance Phone Number			
Emergency Contact Information				
Home Address	(City) (Zip)			
Home Phone Mother's	Cell Father's Cell			
	Work Phone			
	Work Phone			
Another Person to Contact				
Phone Number	Relationship			
Legal/Parent Consent				
I/We hereby give consent for (athlete's name	e) to represent			
(name of school)  potential for injury. I/We acknowledge that ever strict observation of the rules, injuries are still result in disability, paralysis, and even deal its physicians, athletic trainers, and/or EMT reasonably necessary to the health and resulting from participation in athletics. By and his/her parent/guardian(s) do hereby considering the course of the pre-participation examined the interest of the pre-participation examined the student athlete on the forms attached hereto	in athletics realizing that such activity involves wen with the best coaching, the most advanced equipment, and I possible. On rare occasions these injuries are severe and of the I/We further grant permission to the school and TSSAA, It to render aid, treatment, medical, or surgical care deemed well being of the student athlete named above during or by the execution of this consent, the student athlete named above sent to screening, examination, and testing of the student athlete mination by those performing the evaluation, and to the taking of that history and the findings and comments pertaining to the by those practitioners performing the examination. As parent or the for any legal responsibility which may result from any			
Signature of Athlete Signa	ture of Parent/Guardian Date			

## CONSENTIMIENTO A PARTICIPAR EN ACTIVIDADES ATLETICAS Y RECIBIR CUIDADO MEDICO SI FUERA NECESASRIO

(Este Consentimiento debe ser completado por el Estudiante-Atleta y sus padres o guardianes.)

información del Estudiante-Atleta	
Apellido	Nombre SN
	Edad Fecha de Nacimiento / /
Alergías	
	Número de la Póliza
	Teléfono del Seguro
Información del Contacto en Caso de Emerg	
Dirección de Casa	(Ciudad)
(Código Postal)	
Teléfono de Casa	Celular de la Madre o Guardian
Celular del Padre o Guardian	<del></del>
Nombre de la Madre o Guardian	Teléfono del Trabajo
Nombre del Padre o Guardian	Teléfono del Trabajo
	· .
Número de Teléfono	Relación
Consentimient	o Legal de los Padres o Guardianes
lleva la posibilidad de sufrir lesiones. Yo/Nosoto deportivos, y la observación estricta de las regla son severas y pueden resueltar en incapación escuela y a TSSAA, sus médicos, entrenado tratamiento, cuidado médico o quirúrgico co Atleta nombrado arriba durante o como resu consentimiento, el Estudiante-Atleta nombrado salud conduzcan un chequeo, examinación, y p y a obtener la historia médica. Entendemos que evaluaciones van a anotar los resultados y observados.	pueda representar (nombre de la en deportes y que yo/nosotros entendemos que esa activida os sabemos que aún con el mejor entrenamiento, los mejores artículos as, es posible sufrir lesiones. En algunas ocasiones, estas lesiones lad, parálisis, y hasta la muerte. Yo/Nosotros damos permiso a la res atléticos, y/o técnicos médicos de emergencias a dar ayuda, insiderados necesarios para la salud y bienestar del Estudiante- litado de su participación en los deportes. Al firmar este arriba y sus padres/guardianes consienten a que los profesionales de la ruebas del Estudiante-Atleta durante la examinación pre-participacipator los profesionales de la salud que conduzcan estas pruebas y ervaciones en los formularios y records que acompañan este documento emos que somos totalmente responsables por cualquier asunto lega
Firma del Estudiante-Atleta	Firma del Padre/Guardian Fecha