Pre-Participation Physical Evaluation
Health History Form

Name _____ Sport(s) _____ Date of Birth _____ Grade (in 2020-2021) _____

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
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 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 conditions? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart (ex. 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?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
12. 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)?		
13. Does anyone 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?		
14. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
15. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
16. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
17. Have you ever had any broken or fractured bones or dislocated joints?		
18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
19. Have you ever had a stress fracture?		
20. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
21. Do you regularly use a brace, orthotics, or other assistive device?		
22. Do you have a bone, muscle, or joint injury that bothers you?		
23. Do any of your joints become painful, swollen, feel warm, or look red?		
24. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
25. Do you have allergies? If yes, please identify is space provided: ☐ Medicines_____ ☐ Food _____ ☐ Stinging Insects_____ ☐ Pollens_____		
26. Are you currently taking any medications (prescription or over-the-counter) or supplements (herbal or nutritional)? If yes please indicate below: _____		
27. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
28. Have you ever used an inhaler or taken asthma medicine?		
29. Is there anyone in your family who has asthma?		
30. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
31. Do you have groin pain or a painful bulge or hernia in the groin area?		
32. Have you had infectious mononucleosis (mono) within the last month?		
33. Do you have any rashes, pressure sores, or other skin problems?		
34. Have you had a herpes or MRSA skin infection?		
35. Have you ever had a head injury or concussion?		
36. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
37. Do you have a history of seizure disorder?		
38. Do you have headaches with exercise?		
39. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
40. Have you ever been unable to move your arms or legs after being hit or falling?		
41. Have you ever become ill while exercising in the heat?		
42. Do you get frequent muscle cramps when exercising?		
43. Do you or someone in your family have sickle cell trait or disease?		
44. Have you had any problems with your eyes or vision?		
45. Have you had any eye injuries?		
46. Do you wear glasses or contact lenses?		
47. Do you wear protective eyewear, such as goggles or a face shield?		
48. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

IF you answered yes to any of the above, please explain here

_____

_____

_____

The undersigned hereby state that the responses to the above Pre-Participation Physical Evaluation Health History Form are complete and correct to the best of our knowledge. We further acknowledge that this Pre-Participation Physical Evaluation is primarily for sport participation screening and is not intended to replace any routine or required healthcare visits/care as recommended by the student's personal physician. The undersigned further consent to allow the physician(s) and/or other healthcare provider(s) selected by the student and/or parent or the school to perform the Pre-Participation Physical Examination. The undersigned further acknowledge having read and understood the following electronic athletic forms available for review and submission via SportsWare (www.swol123.net) and/or hard copy [check all forms read, completed and signed]:

- ☐ **Consent & Agreement**
- ☐ **Athletic Emergency Form**
- ☐ **CIF Opioid Fact Sheet Form**
- ☐ **Concussion Management/Head Injury Policy**
- ☐ **CIF Sudden Cardiac Arrest Information Review**
- ☐ **CIF Heat Illness Form**

The undersigned further acknowledge that the signature below constitutes confirmation of his/her electronic signatures on the above forms and further acknowledges that the below signature acts as a valid signature on the above forms [which are fully incorporated herein by reference] and this form. The undersigned further represent they are fully authorized to provide the above consents and information and agree to indemnify and hold harmless Presentation High School and all related persons and entities for any incomplete or inaccurate information provided by the student and/or parent/guardian in these forms.

Student-Athlete Signature _____ Date _____ Parent/Guardian Signature _____ Date_____

Pre-Participation Physical Evaluation
Physical Examination Form

Name _____ Date of Birth _____ Grade (in 2020-2021) _____

GENERAL	
Height: _____	Weight: _____
Pulse: _____	BP: _____ /_____
Vision: R 20/_____ L 20/_____	
Corrected: Yes / No	
Pupils: _____ Equal _____ Unequal: R > L or L > R	

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–15).

MUSCULOSKELETAL SCREEN	NORMAL	ABNORMAL FINDINGS
Cervical		
Back		
Shoulders		
elbows		
Forearms/wrists		
Hands/fingers		
Hip/Thigh		
Knees		
Lower leg/ ankle		
Feet/toes		

MEDICAL SCREEN	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart [a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic [c]		

aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
bConsider GU exam if in private setting. Having third party present is recommended.
cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

ATHLETIC CLEARANCE

☐ 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 by/for: _____
- ☐ For any sports
- ☐ For certain sports

  Reason _____

*Recommendations _____

_____

I have examined the above-named student and completed the pre-participation physical evaluation. Based on this examination and the student's medical history as furnished to me, this student does not present apparent clinical contraindications which would make it medically inadvisable for her/him to practice and participate in the sport(s), except for those indicated above. If conditions arise after the student 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). 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.

Signature of Physician _____, **MD or DO**

Date of Exam

Name of Physician (**print/stamp**) _____

(MM/DD/YYYY)_____

Address _____

Phone _____

This exam is valid for 1 year to date

**Physicals must be completed by a MD or DO. Any other medical professionals will not be accepted.