PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name:		
Date of examination:		

Sport(s): ______ How do you identify your gender? (F, M, or other): _

____ Date of birth:

List past and current medical conditions.

Sex assigned at birth (F, M, or intersex): _

Have you ever had surgery? If yes, list all past surgical procedures. _

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been b	pothered by any of	the following prob	lems? (Circle response.)
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of \geq 3 is considered positive on either	r subscale (question	ns 1 and 2, or que	stions 3 and 4] for scre	ening purposes.)

Бхр	IERAL QUESTIONS Jain "Yes" answers at the end of this form. le questions if you don't know the answer.)	Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
IEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

	RT HEALTH QUESTIONS ABOUT YOU NTINUED)	Yes	No
9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10.	Have you ever had a seizure?		
HEA	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly- morphic ventricular tachycardia (CPVT)?		
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		\square

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PRE-PARTICIPATION PHYSICAL EXAM

BON	IE AND JOINT QUESTIONS	Yes	No
14.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MED	ICAL QUESTIONS	Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22.	Have you ever become ill while exercising in the heat?		
23.	Do you or does someone in your family have sickle cell trait or disease?		
24.	Have you ever had or do you have any prob- lems with your eyes or vision?		

MED	NCAL QUESTIONS (CONTINUED)	Yes	No
25.	Do you worry about your weight?		
26.	Are you trying to or has anyone recommended that you gain or lose weight?		
27.	Are you on a special diet or do you avoid certain types of foods or food groups?		
28.	Have you ever had an eating disorder?		
FEM	ALES ONLY	Yes	No
29.	Have you ever had a menstrual period?		
30.	How old were you when you had your first menstrual period?		
31.	When was your most recent menstrual period?		
32.	How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: ____

Signature of parent or guardian: _

Date: _

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Date of birth:

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name:

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, e-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-enhancing 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 (Q4-Q13 of History Form).

EXAN	AINATIC	DN								
Heigh	t:				Weight:					
BP:	/	(1)	Pulse:	Vision: R 20/	L 20/	Correc	ted: 🗆 Y	
MEDI	CAL								NORMAL	ABNORMAL FINDINGS
• M		•			osis, high-arched (MVP], and aor	palate, pectus excavatum, arac tic insufficiency)	chnodactyly, hyper	·laxity,		
 Pu He 	ears, no pils equ earing		d throc	at .						
Lymph	nodes									
Heart		auscult	tation s	standir	ng, auscultation s	upine, and ± Valsalva maneuv	er)			
Lungs										
Abdo	men									
	erpes sir ea corp		irus (H	ISV), li	esions suggestive	of methicillin-resistant Staphylo	ococcus aureus (M	RSA), or		
Neuro	logical									
MUS	CULOSK	ELETAL							NORMAL	ABNORMAL FINDINGS
Neck										
Back										
Should	der and	arm								
Elbow	and fo	rearm								
Wrist,	hand,	and fin	gers							
Hip a	nd thigh	i i								
Knee										
Leg ar	nd ankle	9								
Foot o	ind toes									
Functi • Do		g squat	test, s	ingle-l	eg squat test, and	d box drop or step drop test				
	der elec of those		liograp	ohy (E	CG), echocardio	graphy, referral to a cardiologi	st for abnormal ca	rdiac histo	ory or examin	nation findings, or a combi-

Name of health care professional (print or type):	D	ate:
Address:	Phone:	
Signature of health care professional:		, MD, DO, NP, or PA

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PRE-PARTICIPATION PHYSICAL EXAM

DOUGLAS COUNTY SCHOOL DISTRICT

Name:	Date of birth:	7.
Medically eligible for all sports without restriction		
Medically eligible for all sports without restriction with recommendations for fu	rther evaluation or treatment of	-
Medically eligible for certain sports		-
 Not medically eligible pending further evaluation 		
Not medically eligible for any sports		
Recommendations:		14 12
I have examined the student named on this form and completed the prep apparent clinical contraindications to practice and can participate in the examination findings are on record in my office and can be made availe	sport(s) as outlined on this form. A copy of able to the school at the request of the paren	the physical ts. If conditions
arise after the athlete has been cleared for participation, the physician m and the potential consequences are completely explained to the athlete (and parents or guardians).	
and the potential consequences are completely explained to the athlete (Name of health care professional (print or type):	and parents or guardians).	
and the potential consequences are completely explained to the athlete (and parents or guardians).	

Return ONLY the last page signed and dated to the school