SPORTS PRE-PARTICIPATION EXAM

Name:____

Age in years:________________ Date:________________

Sports History:

YES	NO	
☐	☐	Has anyone in the athlete's family died suddenly before the age of 50 years?
☐	☐	Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
☐	☐	Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?
☐	☐	Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
☐	☐	Does the athlete have a history of concussions (getting knocked out) or seizures?
☐	☐	Has the athlete ever suffered a heat-related illness (heat stroke)?
☐	☐	Does the athlete have a chronic illness or see a physician regularly for any particular problem?
☐	☐	Does the athlete take any prescribed medicine, herbs or nutritional supplements?
☐	☐	Is the athlete allergic to any medications or bee stings?
☐	☐	Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
☐	☐	Has the athlete ever had prior limitation from sports participation?
☐	☐	Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
☐	☐	Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
☐	☐	Is there a history of young people in the athlete's family who have had congenital or other heart diseases: 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.)
☐	☐	Has the athlete ever been hospitalized overnight or had surgery?
☐	☐	Does the athlete lose weight regularly to meet the requirements for your sport?
☐	☐	Does the athlete have anything he or she wants to discuss with the physician?
☐	☐	Does the athlete cough, wheeze or have trouble breathing during or after activity?

FEMALES ONLY:

When was your first menstrual period? ____________________

When was your most recent menstrual period? ________________

What was the longest time between periods in the last year?_______

Signature:________________________________ Date:____________

Other History:____

____

____

____

Measurements:

☐ Weight____________ ____________%ile

☐ Height____________ ____________%ile

☐ Blood Pressure: ________/________

☐ Heart Rate:____________

Physical Exam (nl = normal, abnl = abnormal):

nl	abnl	(If abnormal give details below)
☐	☐	1. General, development, nourishment
☐	☐	2. Head, face, scalp
☐	☐	3. Eyes
☐	☐	4. Ears, Tympanic membranes, hearing
☐	☐	5. Nose, mouth, pharynx
☐	☐	6. Neck, thyroid
☐	☐	7. Lungs, clear to auscultation, chest symmetry
☐	☐	8. Breasts, Tanner stage
☐	☐	9. Heart, rate, rhythm, no murmur, pulses normal
☐	☐	10. Abdomen, soft, no masses, LSK not enlarged
☐	☐	11. Genitals, Tanner stage
☐	☐	12. Skin
☐	☐	13. Neuro, CN intact, DTR's normal coordination
☐	☐	14. Bones, joints, extremities
☐	☐	15 Scoliosis screen, Scoliometer _______ degrees

____

____

____

____

ASSESSMENT:

☐ Cleared for sports participation

☐ Not Cleared

☐ Cleared after evaluation for________________________

PLAN:

☐ Immunizations up to date? ☐ YES ☐ NO