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: ____ 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

NAME:____ **BIRTHDATE:** ______/________/________

Height: _________ **Weight:** _________ **%Body Fat (optional)** ______ **Pulse:** ________ **BP:** _____/_______(______/_____,______/_______)

Rhythm: Regular ________ **Irregular**_______

Vision: R 20/_____ **L 20/**______ **Corrected:** □ **Y** □ **N** **Pupils: Equal** _____ **Unequal**______

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd heart sounds			
Murmurs			
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/type): ____ Date _____/_______/_________

Address: ____ Phone (____)_____________________________

Signature of Medical Provider:____

As per 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."