■ Preparticipation Physical Evaluation

HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

					Date of birth Sport(s)		
	=1				edicines and supplements (herbal and nutritional) that you are currently		
Oo vou hav	e any allergies?	☐ Yes ☐ No If yes, please i	dentify spe	ecific all	lergy below.		_
☐ Medicir		□ Pollens			☐ Food ☐ Stinging Insects		
olain "Yes	" answers below. Ci	rcle questions you don't know the	answers t	0.			
ENERAL Q	PHILIPPINE STATE		Yes	No	MEDICAL QUESTIONS	Yes	N
	ctor ever denied or res	tricted your participation in sports for		100000	26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections					27. Have you ever used an inhaler or taken asthma medicine?		
					28. Is there anyone in your family who has asthma?		
Other: _	ı ever spent the night i	n the hospital?	-		29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
4. Have you	ever had surgery?				30. Do you have groin pain or a painful bulge or hernia in the groin area?		
EART HEA	LTH QUESTIONS ABOU	JT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
5. Have you AFTER ex		arly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?		
		pain, tightness, or pressure in your	+		33. Have you had a herpes or MRSA skin infection?		_
	ring exercise?	dani, lightness, or pressure in your			34. Have you ever had a head injury or concussion?		-
7. Does you	ur heart ever race or sk	ip beats (irregular beats) during exercis	e?		35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
		you have any heart problems? If so,			36. Do you have a history of seizure disorder?		
	I that apply: blood pressure	☐ A heart murmur			37. Do you have headaches with exercise?		\vdash
☐ High	cholesterol	A heart infection Other:			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
3-24 100	ctor ever ordered a tes	t for your heart? (For example, ECG/EKG	,		39. Have you ever been unable to move your arms or legs after being hit or falling?		
1.14-1124-1125		more short of breath than expected			40. Have you ever become ill while exercising in the heat?		
during ex		TC			41. Do you get frequent muscle cramps when exercising?		
	ever had an unexplair				42. Do you or someone in your family have sickle cell trait or disease?		
2. Do you g during ex		of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?		
	LTH QUESTIONS ABOU	JT YOUR FAMILY	Yes	No	44. Have you had any eye injuries?		-
3. Has any	family member or relat	ive died of heart problems or had an			45. Do you wear glasses or contact lenses? 46. Do you wear protective eyewear, such as goggles or a face shield?		-
	unexpected or unexplained sudden death before age 50 (including				47. Do you worry about your weight?		-
4. Does any	drowning, unexplained car accident, or sudden infant death syndrome) 1. Does anyone in your family have hypertrophic cardiomyopathy, Marfan				48. Are you trying to or has anyone recommended that you gain or lose weight?		
syndrom	syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic				49. Are you on a special diet or do you avoid certain types of foods?		
polymorphic ventricular tachycardia?					50. Have you ever had an eating disorder?		
	yone in your family hav d defibrillator?	e a heart problem, pacemaker, or			51. Do you have any concerns that you would like to discuss with a doctor?		
		unexplained fainting, unexplained			FEMALES ONLY		
	, or near drowning?	e commissión especial servicia de vecas y primero virtue virtue virtue de veca e de veca e de veca e de veca e			52. Have you ever had a menstrual period?		
BONE AND .	JOINT QUESTIONS		Yes	No	53. How old were you when you had your first menstrual period?		
	u ever had an injury to a sed you to miss a pract	a bone, muscle, ligament, or tendon ice or a game?			54. How many periods have you had in the last 12 months? Explain "yes" answers here	r.	
8. Have you	ever had any broken o	or fractured bones or dislocated joints?					
	u ever had an injury tha s, therapy, a brace, a ca	t required x-rays, MRI, CT scan, ast, or crutches?					
20. Have you	u ever had a stress frac	ture?					
		u have or have you had an x-ray for ned lity? (Down syndrome or dwarfism)	k				
2. Do you re	egularly use a brace, or	rthotics, or other assistive device?					
3. Do you h	ave a bone, muscle, or	joint injury that bothers you?			-		_
		ainful, swollen, feel warm, or look red?					
5. Do you h	ave any history of juve	nile arthritis or connective tissue diseas	e?] :		

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues



Date of birth

(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

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Note you were free Coperfies, Cheward, to day or will or day?					inious:							
Poly user is a market person and a second					, snuff, or dip?	?						
Note Section Sectio					bacco, snuff,	or dip?						
Note to provide a part supplements to help you gain or lose weight of improve your performance?												
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Examination Weight Weight Weight Weight Part Weight Part Weight Part Weight Part Part Weight Part						Troight of improve your porton						
Peeple Weight Weight Date Penale	Consider reviewing	questions on	cardiova	scular sy	mptoms (ques	stions 5–14).						
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REPICAL ABNORMAL FINDINGS (Appetations) ABNORMAL ABNORMAL FINDINGS (Appetations) ABNORMAL FIND	Height			Weight		☐ Male	☐ Female					
Appearance - Marfan stigmata byphosociolosis, high-arched polate, pectus exeavatum, arachnodactyly, am opan - height, hypertaxip, myopia, MMP acric insufficiency) Experience for the processor of the processor	BP /	(1)	Pulse	Vision I	R 20/	L 20/	Corrected D Y	□N		
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Heart*		T.										
Lymph nodos												
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Similar to the second and radial pulses Lungs Abdomen Gentiourinary males only? Skin HSV. lesions suggestive of MRSA, tinea corporis Musculoskie: Mu					ılva)							
Abdomen		oral and radia	ıl pulses									
Genitourinary (males only)* Skin HSV, Issions suggestive of MRSA, tinea corporis Neurologic* Neurologi	Lungs											
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HSV, lesions suggestive of MRSA, tinea corporis MuscbulosketETAL Neck Back Shouldefarm Elbow/forearm Elbow/forearm Wistrhand/flingers Hip/thigh Knee Legrankle Fourtions Fourtions Punctional Duck-walk, single leg hop Closered for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation or treatment for Recommendations Port certain sports Reason Recommendations Recommendations Recommendations Reside 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. It conditions are after the athlete has been cleared for participation, the 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. It conditions are after the athlete dan parents response are completely explained to the athlete (and parents/guardians). The physical evaluation must be performed on or after April 1 by a physician holding an unlimited Receive the practic medicine, a surver practicipate in the sport(s), MD, DO, NP, or PA) Date Phone	Genitourinary (males	only) ^b										
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