

SPORT PRE-PARTICIPATION HISTORY FORM

Patient's Name: _____ **Age:** _____

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Physician's Directions: We recommend repeating the thirteen questions listed below and carefully reviewing details of any positive answers.

Yes	No	Don't know	
			1 Has anyone in the athlete's family (grandmother, grandfather, mother, father brother, sister), died suddenly before the age of 50?
			2A Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2B Have you ever been told you have a heart murmur or heart problems?
			3 Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4 Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?
			5 Does the athlete have a history of concussion (getting knocked out)?
			6 Has the athlete ever suffered a heat-related illness (heat stroke or heat exhaustion)?
			7 Does the athlete have anything he/she wants to talk to the doctor about?
			8 Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			9 Does the athlete take any medicine?
			10 Is the athlete allergic to any medications or bee stings?
			11 Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)?
			12 Do you wear contacts or eye glasses?
			13 Date of last tetanus booster. DATE:

Explain any **yes** responses:

I have answered and reviewed the questions above and give permission for my child to participate in sports.

Signature of Parent or Guardian: _____

Date _____ Phone # _____

Please have physician complete the other side

Physical Examination: Patient's name: _____

BP _____ Wt _____ (Minimal Wt _____) Ht _____ Vision (R) _____ (L) _____

Musculoskeletal Examination:

	Normal	Abnormal	Record laxity, weakness, instability, decreased ROM if abnormal
Neck			
Knee			
Ankle			
Shoulder			
Feet			
Scoliosis/Spine			
Other Orthopedic Problems			

Cardiovascular Examination:

Other Exam (optional, but should be done if history is positive)

	Normal	Abnormal	Comments
ENT			
Chest			
Abdomen			
Genitalia			
Skin			

Assessment: No problems identified Other _____

Recommendations: Unlimited Limited to specific sport Deferred until _____

Re-examine: Yearly and after any injury that limits participation for greater than one week
 Other _____

I certify that I have examined the above student and that the examination revealed:

Conditions No conditions
that would prevent this student from participation in interscholastic sports. _____

Licensed to practice medicine in North Carolina? Yes No

Signature: _____ Phone number: _____ Date: _____

Address: _____

Is student is not qualified, list reasons for disqualifications: _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, testicle or ovary, etc.)

Grade: _____ Name of School: _____