

COLLEGE OF SAINT ELIZABETH

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the physician and student

Part B: PHYSICAL EVALUATION FORM-Completed by the physician

Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: _____ Student's Name: _____ Sex: M F (circle one)
 Age: _____ Date of Birth: ___/___/____ Home Phone: (____) _____ Cell Phone: (____) _____
 Sport(s): _____
 Physician Name/ Address _____
 Physician Phone: _____ Fax _____

Directions: Please answer the following questions about the student's medical history by CIRCling the correct response.

Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Have you ever had or do you currently have:

- a. Restriction from sports for a health related problem? Y / N / Don't Know
- b. An injury or illness since your last exam? Y / N / Don't Know
- c. Have you ever passed out or nearly passed out during/after exercise? Y / N / Don't Know
- d. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don't Know
 - (1.) An inhaler or other prescription medicine to control asthma? Y / N / Don't Know
- e. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don't Know
- f. Have you ever taken steroid pills, steroid injections, or supplements to improve your performance? Y / N / Don't Know
- g. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don't Know
- h. Any allergies to medications? Y / N / Don't Know
- i. Any allergies to bee stings, pollen, latex or foods? Y / N / Don't Know
 - (1.) If yes, check type of reaction:
 - Rash Hives Breathing or other anaphylactic reaction
 - (2.) Take any medication/Epipen taken for allergy symptoms? (List below) Y / N / Don't Know
- j. Any anemia's, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don't Know
- k. A blood relative who died before age 50? Y / N / Don't Know
- l. Any illicit drugs, alcohol, tobacco usage? Y / N / Don't Know

Explain all "yes" answers here; include course, treatment, diagnosis, rehab, resolution & dates:

List all medications here:

Medication Name Dosage Frequency (Prescription and non-prescription include supplements, vitamins and performance enhancers)

Student's Name: _____ Date of Birth: _____

2. Have you ever had, or do you currently have, any of the following head-related conditions:

- | | |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss? | Y / N / Don't Know |
| c. Knocked out? | Y / N / Don't Know |
| c. A seizure? | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)? | Y / N / Don't Know |
| e. Fuzzy or blurry vision | Y / N / Don't Know |
| f. Sensitivity to light/noise | Y / N / Don't Know |
| g. Headaches with exercise | Y / N / Don't Know |

Explain all "yes" answers here; include course, treatment, diagnosis, rehab, resolution & dates:

3. Have you ever had, or do you currently have, any of the following heart-related conditions:

- | | |
|---|--------------------|
| a. Restriction from sports for heart problems? | Y / N / Don't Know |
| b. Chest pain or discomfort? | Y / N / Don't Know |
| c. Heart murmur? | Y / N / Don't Know |
| d. High blood pressure? | Y / N / Don't Know |
| e. Elevated cholesterol level? | Y / N / Don't Know |
| f. Heart infection? | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause? | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats? | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise? | Y / N / Don't Know |
| k. Any family member (blood relative): | |
| (1.) Under age 50 with a heart condition? | Y / N / Don't Know |
| (2.) With Marfan Syndrome? | Y / N / Don't Know |
| (3.) With a heart murmur? | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____ | Y / N / Don't Know |
| (4.) Died with no known reason? | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.) | Y / N / Don't Know |

Explain all "yes" answers here; include course, treatment, diagnosis, rehab, resolution & dates:

Student's Name: _____ Date of Birth: _____

4. Have you ever had, or do you currently have, any of the following eye, ear, nose, mouth or throat conditions:

- | | |
|---|--------------------|
| a. Vision problems? | Y / N / Don't Know |
| (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | Y / N / Don't Know |
| b. Hearing loss or problems? | Y / N / Don't Know |
| (1.) Wear hearing aides or implants? | Y / N / Don't Know |
| c. Nasal fractures or frequent nose bleeds? | Y / N / Don't Know |
| d. Wear braces, retainer or protective mouth gear? | Y / N / Don't Know |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | Y / N / Don't Know |

Explain all "yes" answers here; include course, treatment, diagnosis, rehab, resolution & dates:

5. Have you ever had, or do you currently have, any of the following neuromuscular/orthopedic conditions:

- | | |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve? | Y / N / Don't Know |
| b. A sprain? | Y / N / Don't Know |
| c. A strain? | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)? | Y / N / Don't Know |
| f. Upper or lower back pain? | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)? | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment? | Y / N / Don't Know |
| i. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injection, rehabilitation, physical therapy, brace, cast, or crutches? | Y / N / Don't Know |

Explain all "yes" answers here; include course, treatment, diagnosis, rehab, resolution & dates:

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

THE COMPLETED AND SIGNED HEALTH HISTORY MUST BE COMPLETED BY THE PHYSICIAN AT THE TIME OF THE MEDICAL EXAM.

Part B: Physical Evaluation Form (Completed by the physician)

STUDENT INFORMATION

Student's Name: _____ Sport(s): _____

Sex: M F (circle one) Age: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Parent/Guardian's Full Name: _____

EXAMINING PHYSICIAN CONTACT INFORMATION

Name: _____ Phone: _____ Fax: _____

Address: _____ City/State/Zip: _____

FINDINGS OF PHYSICAL EVALUATION

Height: _____ Weight: _____ Blood Pressure: ____/____ Pulse: ____bpm.

Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS - COMMENTS
General Appearance		
Head/Neck		
Eyes/Sclera/Pupils		
Ears		
Gross Hearing		
Nose/Mouth/Throat		
Lymph Glands		
Cardiovascular		
Heart Rate		
Rhythm		
If murmur present		Standing makes it:: Louder Softer No Change
		Squatting makes it:: Louder Softer No Change
		Valsalva makes it:: Louder Softer No Change
Femoral Pulses		
Lungs: Auscultation/Percussion		
Chest Contour		
Skin		
Abdomen (liver, spleen, masses)		
Assessment of physical maturation or Tanner Scale		
Testicular Exam (Males Only)		
Neck/Bone/Spine:		
Range of Motion		
Scoliosis		
Upper Extremities: (ROM, Strength, Stability)		
Lower Extremities: (ROM, Strength, Stability)		
Neurological: Balance & Coordination		
Hernia		
Evidence of Marfan Syndrome		

THE HISTORY PREPARED BY THE STUDENT MUST BE REVIEWED BY THE PHYSICIAN AT THE TIME OF THE PHYSICAL EXAMINATION.

Student's Name: _____ Date of Birth: _____

CLEARANCES: (See notes at bottom for conditions requiring attention and for a list of sports by level of contact)

- A. Student is cleared for participation in all sports without restriction.
- B. Student is withheld clearance for participation in any sport until evaluation / treatment of:

- C. Student is cleared for participation in limited types of sports which exclude the following types of sports

Contact: (CHECK ALL THAT APPLY)

___ CONTACT/COLLISION ___ NON-CONTACT/STRENUOUS
___ LIMITED CONTACT ___ NON-CONTACT/NON-STRENUOUS

Due to: _____

HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:	
Physician _____	Date of Exam _____
PHYSICIAN'S SIGNATURE: _____	Today's Date: _____
HISTORY REVIEWED BY:	
Name _____	Today's Date: _____
SIGNATURE: _____	Review Date: _____

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:
Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT			
Contact/Collision	Limited contact	Non-Contact	
		Strenuous	Non-strenuous
Basketball	Baseball	Discus	Bowling
Diving	Cheerleading	Javelin	Golf
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice hockey	Pole Vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	

Soccer	Skiing	Swimming
Wresting	Softball	Tennis
	Volleyball	Track

Effects of physiologic maneuvers on heart sounds:

Standing Increases murmur of HCM
 Decreases murmur of AS, MR
 MVP click occurs earlier in systole

Squatting Increases murmur of AS, MR, AI
 Decreases murmur of MCH
 MVP click delayed

Valsalva Increases murmur of HCM
 Decreases murmur of AS, MR
 MVP click occurs earlier in systole

Physical Stigmata of Marfan's Syndrome

Kyphosis
 High arched palate
 Pectus excavatum
 Arachnodactyly
 Arm span > height 1.05:1 or greater
 Mitral Valve Prolapse
 Aortic Insufficiency
 Myopia
 Lenticular dislocation

HCM = Hypertrophic Cardio Myopathy

AS = Aortic Stenosis

AI = Aortic Insufficiency

MR = Mitral Regugitation

MVP = Mitral Valve Prolapse