SPORT PREPARTICIPATION HISTORY FORM
FORM CURRENTLY RECOMMENDED BY NCMS SPORTS MEDICINE COMMITTEE (7/93)

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.

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

Elaborate on any positive answers:

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

Signature of Parent or Guardian: ____________________________________________

Address: _________________________________________________________________

Date ____________________________ Phone # ________________________________
EXAMINATION

PATIENT’S NAME:

*1. BP _______ WT _______ HT _______ VISION (R) _______ (L) _______

*2. Cardiovascular Exam _______ Normal _______ Abnormal Comments:
   Murmur _______ Yes _______ No Describe:

*3. Musculoskeletal Exam Record laxity, weakness, instability, decreased ROM if abnormal
   Knee _______ Normal _______ Abnormal
   Ankle _______ Normal _______ Abnormal
   Shoulder _______ Normal _______ Abnormal
   Other Orthopedic Problems, e.g. neck, feet, scoliosis) _______ Normal _______ Abnormal

4. Optional Exam should be done if history is positive. Comments:
   ENT _______ Normal _______ Abnormal
   Chest _______ Normal _______ Abnormal
   Abdomen _______ Normal _______ Abnormal
   Genitalia _______ Normal _______ Abnormal
   Skin _______ Normal _______ Abnormal

*ASSESSMENT:  5.A. _______ No problems identified 5.B. Other:

*RECOMMENDATIONS:
   6.A. _______ Unlimited  B. _______ Limited to specific sports  C. _______ Deferred until (e.g.,
   rehab, recheck, consultation, lab, etc.)

*RE-EXAMINE:
   7.A. _______ Yearly and after any injury that limits participation for greater than one week
   B. _______ Other:

REQUIRED ELEMENTS ARE IN ASTERISK

I certify that I have examined the above student and that such examination revealed (____ conditions ______ no conditions) that
would prevent this student from participation in interscholastic sports.

Are you licensed to practice medicine in the United States? ______ Yes ______ No

Signature ___________________________ Phone Number ___________________________

Address ___________________________ Date ___________________________

If student is not qualified, list reasons for disqualification: ___________________________

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.)