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.

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:

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 _____ Normal _____ Abnormal
Problems, e.g. neck, feet, scoliosis)

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 hypertenston, 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.)