La Salle Prep Medical Information Summary

La Salle Prep and OSAA Approved **Revised May 2010**

NAME: _____ M/F _____ AGE _____ BIRTH DATE: _____/_____/_____

ADDRESS: _____ PHONE: _____

GRADE ____ SPORTS(S) _____ PERSONAL PHYSICIAN _____

EMERGENCY CONTACT NAME _____ RELATION _____ BEST PHONE _____

Parent/Guardian: Please review all questions and answer them to the best of your ability. Explain any YES answers below.
Physician: Please review with the patient any positive answers.

Do you have now, or have you had in the past: (Circle questions you don't know the answer to, and initial item, if appropriate.)

	YES	NO
1. Heart problems of any kind		
2. Heart murmur or hypertension		
3. Cardiomyopathy, or Marfan's syndrome		
4. Difficulty with breathing, (asthma)		
5. Cough, wheeze, trouble breathing during or after physical activity		
6. Rheumatic fever or unusual fatigue		
7. Chronic illness		
8. See physician regularly		
9. Broken bones or joint injuries		
10. Other major injuries		
11. Missing a paired organ (eyes, kidney, etc.)		
12. Hospitalized overnight or had (major) surgery		
13. Drug allergies		
14. Other allergies, or carry an EPI pen		
15. Currently taking prescribed medication, herbs or nutritional supplements		
16. Losing weight to meet sport requirements		
17. Passed out during exercise or had to stop		

	YES	NO
18. Concussion (getting knocked out)		
19. Hit or blow to head causing confusion, memory problems, or prolonged headache		
20. Seizures		
21. Heat related illness (heat stroke)		
22. Ever had prior limitation to sports participation		
23. Anything else you would like to discuss with a physician		
24. Has anyone in the athlete's family died suddenly before age 50?		
25. Have any young family members been diagnosed with congenital or other heart disease?		
Females Only		
26. Date of first menstrual period		
27. Date of most recent menstrual period		
28. Longest time between menstrual periods in last year		

If you answered yes to any of #1-25 – give details/dates - identify by number:

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports/activities. I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed necessary by a licensed athletic trainer, coach, or medical practitioner. I understand that this medical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment. I hereby authorize the release of these examination results to my child's school.

_____

Parent/Guardian Signature Date

La Salle Prep Physical Examination Summary

- To be completed and signed by a physician -

La Salle Prep and OSAA Approved

NAME_____ **BIRTH DATE**_____/_____/_____ **EXAM DATE** _____/_____/_____

Grade ____ **Sport(s)** _____ **Height** _____ **Weight** _____ **Pulse** _____ **BP** ____/____(____/____,____/____)

Rhythm: Regular ____ **Irregular** ____ **Vision: R 20/**_____ **L 20/**_____ **Corrected: Y N Pupils: Equal** ____ **Unequal** ____

Immunizations Given (Date): Polio ____ (____/____/____) **DPT** ____ (____/____/____) **MMR** ____ (____/____/____)

Hep B ____ (____/____/____) **Lab work: Urinalysis** _____ **Hbg/Hct** _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd heart sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/finger			
Hip/thigh			
Knee			
Leg/ankle			
Foot /toes			
Nervous			

*Station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation/rehabilitation for: _____

_____Not cleared for: _____ Reason: _____

Recommendations:

_____

_____

Name of Physician (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____

Upon completion please return to:

DIRECTOR OF ATHLETICS
LA SALLE CATHOLIC COLLEGE PREPARATORY
11999 SE FULLER ROAD
MILWAUKIE, OR 97222

As per ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."