ATHLETIC PRE-PARTICIPATION SCREENING EXAM

Part 1: (To be completed by student and parent/guardian)

Name _____ School _____ Grade _____

Address _____ Student ID # _____

City _____ State _____ Zip _____ Phone _____

Age _____ Birth Date _____ Sex _____ Sport(s) _____

Doctor's Name _____ Doctor's Phone # _____

Health Insurance _____ Policy # _____

IMMUNIZATION RECORDS FOR THE ABOVE NAMED STUDENT MUST BE ATTACHED AND CURRENT AS REQUIRED BY CALIFORNIA STATE LAW INCLUDING THE Tdap VACCINE.

Health History (must be complete prior to the exam)

Please check		Has this student had any:
Y ☐	N ☐	Hospitalization?
Y ☐	N ☐	Surgery other than removal of tonsils?
Y ☐	N ☐	Missing organs (eye, kidney, testicle, etc.)?
Y ☐	N ☐	Allergies (to medicines, insects, foods, etc.)?
Y ☐	N ☐	Chest pain or severe shortness of breath with exercise?
Y ☐	N ☐	Problems with blood pressure or heart (i.e. heart murmur)?
Y ☐	N ☐	Dizziness or fainting with exercise?
Y ☐	N ☐	Severe or frequent headaches?
Y ☐	N ☐	Concussion or loss of consciousness?
Y ☐	N ☐	Heat exhaustion, heat stroke or other problems with heat?
Y ☐	N ☐	Mono, hepatitis, hemophilia?
Y ☐	N ☐	Diabetes?
Y ☐	N ☐	Seizures/convulsions?

Please check		Is there a history of:
Y ☐	N ☐	Neck or back injury?
Y ☐	N ☐	Knee injury?
Y ☐	N ☐	Shoulder or elbow injury?
Y ☐	N ☐	Ankle injury?
Y ☐	N ☐	Dislocation of a joint?
Y ☐	N ☐	Catching or locking of a joint?
Y ☐	N ☐	Broken bones/fractures?
Y ☐	N ☐	Ulcers or hernias?
Y ☐	N ☐	Stingers/burners?
Y ☐	N ☐	Skin problems?
		Further History
Y ☐	N ☐	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
Y ☐	N ☐	Has any family member had a heart attack at less than 55 years of age?

Use this space to explain any yes answers to the above questions.

Parent's or guardian's acknowledgment: I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate and represent his or her school in supervised athletic activities.

_____ _____

Name of Parent/Guardian (Print) Signature of Parent/Guardian

_____ _____ _____

Home Phone Number Work Phone Number Date

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

Athletic Pre-Participation Screening Exam Part 2: General Exam (To be completed by examining physician)

	Normal	Abnormal (Describe)	Fill in Information:
Eyes, ears, nose, throat	☐		Pulse:
Skin	☐		BP:
Lungs	☐		Height:
Heart	☐		Weight:
Abdomen	☐		
Genitalia/Hernia (males)	☐		

Suggested Musculoskeletal Exam

ROM STRENGTH

Normal	Abnormal		Normal	Abnormal	
		Cervical/Spine			**Lower Extremity**
☐	☐	Flex/Ext	☐	☐	Hip
☐	☐	Rotation right/left	☐	☐	Hip flexors/Gluteals
☐	☐	Lateral flexion right/left	☐	☐	Add/Abd – Groin/TT
☐	☐	Thoracic	☐	☐	Int./Ext. Rotation
☐	☐	Lumbar	☐	☐	Knee
☐	☐	Flex/Ext	☐	☐	Patellar Tendon
☐	☐	Rotation right/left	☐	☐	Tibial Tuberosity
☐	☐	Lateral Flexion	☐	☐	MCL/LCL
☐	☐	Abdominals/Obliques	☐	☐	ACL/PCL
		Upper Extremity	☐	☐	Cartilage Testing
☐	☐	Shoulder	☐	☐	Quads/Hamstrings
☐	☐	Forward Flexion/Ext.	☐	☐	Gast/Soleus Comlex
☐	☐	Abduction/Adduction	☐	☐	Patella
☐	☐	Internal/Ext. Rotation	☐	☐	Crepitus
☐	☐	Horizontal Abd/Add	☐	☐	Tracking
☐	☐	A C Joint/Clavicle	☐	☐	Ankle
☐	☐	Stability Testing	☐	☐	Plantar/Dorsiflexion
☐	☐	Biceps Flex/Ext.	☐	☐	Inversion/Eversion
☐	☐	Elbow	☐	☐	Subtalar Joint
☐	☐	Supination/Pronation	☐	☐	Ligament Testing
☐	☐	Wrist/Hand	☐	☐	Feet/Toes
		General Flexibility			
☐	☐	Hamstrings			
☐	☐	Quadriceps			
☐	☐	Lumbar Spine			
☐	☐	Achilles			

DOCTOR'S OFFICE STAMP HERE
REQUIRED

Use this space to describe abnormalities.

Disposition:

☐ Cleared for collision, contact, and non-contact sports
☐ Conditional participation, limited to: _____
☐ No participation until: (date) _____
☐ No participation in any sport or physical education because of: _____

Dr. Signature:_____ License #:_____ Date:_____