

**ATHLETIC PRE-PARTICIPATION
PHYSICAL EXAMINATION**

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or print this information)

Name _____ Male _____ Female _____ Date of Birth _____ Grade _____

Home Address _____ Phone # _____

Parent's/Guardian's Name _____ Physician _____

Signature of Student Athlete _____ Date _____

HEALTH HISTORY (The following questions should be completed by the student/athlete with the assistance of a parent/guardian. A parent or guardian is required to sign on the back of this form after the physical examination is completed.

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|---|----------------------------------|-----------|-------|--|-----------|-------|--|-----------|-------|--|-----------|-------|---|-----------|-------|---|---|------------|---|-------------------------------|-----------|--|---------------------------------------|-----------|---------------------------------|--------------|-----------|---|--------------|-----------|--|---------------|-----------|---------------------------|---------------|-----------|---|---------------------------|-----------|--------------------------------------|-------------------------------|-----------|--|--|-------|--|---|------------|-----------|----------------------------------|-----------|-------|---------|-----------|-------|-----------------------------|-----------|-------|-----------|-----------|-------|-------------------------------|-----------|-------|---------------------------------|
| <table border="0"> <tr> <td>YES</td> <td>NO</td> <td>Has this student had any?</td> </tr> <tr> <td>1. _____</td> <td>_____</td> <td>Chronic or recurrent illness or injury?</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>Any illness lasting more than one (1) week?</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>Rheumatic fever, mononucleosis?</td> </tr> <tr> <td>4. _____</td> <td>_____</td> <td>Hospitalizations (overnight or longer)?</td> </tr> <tr> <td>5. _____</td> <td>_____</td> <td>Surgery other than tonsillectomy?</td> </tr> <tr> <td>6. _____</td> <td>_____</td> <td>Missing organs (eye, kidney, testicle)?</td> </tr> <tr> <td>7. _____</td> <td>_____</td> <td>Allergy to medications, insects, food?</td> </tr> <tr> <td>8. _____</td> <td>_____</td> <td>Seasonal allergies (hay fever)?</td> </tr> <tr> <td>9. _____</td> <td>_____</td> <td>Problems with heart, blood pressure, cholesterol?</td> </tr> <tr> <td>10. _____</td> <td>_____</td> <td>Racing of your heart or skipped heart beats?</td> </tr> <tr> <td>11. _____</td> <td>_____</td> <td>Chest pain with exercise?</td> </tr> <tr> <td>12. _____</td> <td>_____</td> <td>Frequent headaches, convulsions, dizziness, fainting?</td> </tr> <tr> <td>13. _____</td> <td>_____</td> <td>Dizziness or fainting with exercise?</td> </tr> <tr> <td>14. _____</td> <td>_____</td> <td>Concussion, unconsciousness, extremity numbness?</td> </tr> <tr> <td>15. _____</td> <td>_____</td> <td>Heat exhaustion, heat stroke or other heat related problems?</td> </tr> </table> | YES | NO | Has this student had any? | 1. _____ | _____ | Chronic or recurrent illness or injury? | 2. _____ | _____ | Any illness lasting more than one (1) week? | 3. _____ | _____ | Rheumatic fever, mononucleosis? | 4. _____ | _____ | Hospitalizations (overnight or longer)? | 5. _____ | _____ | Surgery other than tonsillectomy? | 6. _____ | _____ | Missing organs (eye, kidney, testicle)? | 7. _____ | _____ | Allergy to medications, insects, food? | 8. _____ | _____ | Seasonal allergies (hay fever)? | 9. _____ | _____ | Problems with heart, blood pressure, cholesterol? | 10. _____ | _____ | Racing of your heart or skipped heart beats? | 11. _____ | _____ | Chest pain with exercise? | 12. _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | 13. _____ | _____ | Dizziness or fainting with exercise? | 14. _____ | _____ | Concussion, unconsciousness, extremity numbness? | 15. _____ | _____ | Heat exhaustion, heat stroke or other heat related problems? | <table border="0"> <tr> <td>YES</td> <td>NO</td> <td>Has this student had any?</td> </tr> <tr> <td>16. _____</td> <td>_____</td> <td>Asthma?</td> </tr> <tr> <td>17. _____</td> <td>_____</td> <td>Epilepsy or other seizures?</td> </tr> <tr> <td>18. _____</td> <td>_____</td> <td>Diabetes?</td> </tr> <tr> <td>19. _____</td> <td>_____</td> <td>Eyeglasses or contact lenses?</td> </tr> <tr> <td>20. _____</td> <td>_____</td> <td>Dental braces, bridges, plates?</td> </tr> </table> | YES | NO | Has this student had any? | 16. _____ | _____ | Asthma? | 17. _____ | _____ | Epilepsy or other seizures? | 18. _____ | _____ | Diabetes? | 19. _____ | _____ | Eyeglasses or contact lenses? | 20. _____ | _____ | Dental braces, bridges, plates? |
| YES | NO | Has this student had any? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. _____ | _____ | Chronic or recurrent illness or injury? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. _____ | _____ | Any illness lasting more than one (1) week? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. _____ | _____ | Rheumatic fever, mononucleosis? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. _____ | _____ | Hospitalizations (overnight or longer)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. _____ | _____ | Surgery other than tonsillectomy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. _____ | _____ | Missing organs (eye, kidney, testicle)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. _____ | _____ | Allergy to medications, insects, food? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. _____ | _____ | Seasonal allergies (hay fever)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. _____ | _____ | Problems with heart, blood pressure, cholesterol? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. _____ | _____ | Racing of your heart or skipped heart beats? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. _____ | _____ | Chest pain with exercise? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. _____ | _____ | Dizziness or fainting with exercise? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. _____ | _____ | Concussion, unconsciousness, extremity numbness? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. _____ | _____ | Heat exhaustion, heat stroke or other heat related problems? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | NO | Has this student had any? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. _____ | _____ | Asthma? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. _____ | _____ | Epilepsy or other seizures? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. _____ | _____ | Diabetes? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. _____ | _____ | Eyeglasses or contact lenses? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. _____ | _____ | Dental braces, bridges, plates? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>YES</td> <td>NO</td> <td>Further History:</td> </tr> <tr> <td>29. _____</td> <td>_____</td> <td>Is there a history of family or genetic disease?</td> </tr> <tr> <td>30. _____</td> <td>_____</td> <td>Has any family member died suddenly at less than 40 years of age of causes other than an accident?</td> </tr> <tr> <td>31. _____</td> <td>_____</td> <td>Has any family member had a heart attack at less than 55 years of age?</td> </tr> <tr> <td>32. _____</td> <td>_____</td> <td>Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping?</td> </tr> <tr> <td>33. _____</td> <td>_____</td> <td>List all medications you are presently taking, including asthma inhalers and the condition the medication is for:</td> </tr> </table> | YES | NO | Further History: | 29. _____ | _____ | Is there a history of family or genetic disease? | 30. _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? | 31. _____ | _____ | Has any family member had a heart attack at less than 55 years of age? | 32. _____ | _____ | Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping? | 33. _____ | _____ | List all medications you are presently taking, including asthma inhalers and the condition the medication is for: | <table border="0"> <tr> <td>YES</td> <td>NO</td> <td>Is there a history of?</td> </tr> <tr> <td>21. _____</td> <td>_____</td> <td>Injuries requiring medical treatment?</td> </tr> <tr> <td>22. _____</td> <td>_____</td> <td>Neck Injury?</td> </tr> <tr> <td>23. _____</td> <td>_____</td> <td>Knee Injury?</td> </tr> <tr> <td>24. _____</td> <td>_____</td> <td>Knee Surgery?</td> </tr> <tr> <td>25. _____</td> <td>_____</td> <td>Ankle injury?</td> </tr> <tr> <td>26. _____</td> <td>_____</td> <td>Broken bones (fractures)?</td> </tr> <tr> <td>27. _____</td> <td>_____</td> <td>Other serious joint injuries?</td> </tr> <tr> <td>28. _____</td> <td>_____</td> <td>Use of protective equipment or braces?</td> </tr> </table> | YES | NO | Is there a history of? | 21. _____ | _____ | Injuries requiring medical treatment? | 22. _____ | _____ | Neck Injury? | 23. _____ | _____ | Knee Injury? | 24. _____ | _____ | Knee Surgery? | 25. _____ | _____ | Ankle injury? | 26. _____ | _____ | Broken bones (fractures)? | 27. _____ | _____ | Other serious joint injuries? | 28. _____ | _____ | Use of protective equipment or braces? | | | | | | | | | | | | | | | | | | | | | |
| YES | NO | Further History: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. _____ | _____ | Is there a history of family or genetic disease? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. _____ | _____ | Has any family member had a heart attack at less than 55 years of age? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. _____ | _____ | Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. _____ | _____ | List all medications you are presently taking, including asthma inhalers and the condition the medication is for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | NO | Is there a history of? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. _____ | _____ | Injuries requiring medical treatment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. _____ | _____ | Neck Injury? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. _____ | _____ | Knee Injury? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. _____ | _____ | Knee Surgery? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. _____ | _____ | Ankle injury? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. _____ | _____ | Broken bones (fractures)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. _____ | _____ | Other serious joint injuries? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. _____ | _____ | Use of protective equipment or braces? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
33. What is the most and least you have weighed in the past year? Most _____ Least _____
- Date of last known tetanus (lockjaw) shot: _____

FOR WOMEN ONLY:

- How old were you when you had your first menstrual period? _____
- In the past year:** what is the longest time you have gone between menstrual periods? _____

Use this space to explain any of the above numbered **YES** answers or to provide additional information:

PHYSICAL EXAMINATION RECORD (To be completed by a licensed professional as designated in Article VII 36.14(1). This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Athlete's Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ Vision R 20/_____ L 20/_____ Hemoglobin (Opt) _____ UA (Opt) _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Mouth & Teeth			
4. Neck			
5. Lymph Nodes			
6. Heart (Standing & Lying)			
7. Pulses (esp. femoral)			
8. Chest & Lungs			
9. Abdomen			
10. Skin			
11. Genitals - Hernia			
12. Musculoskeletal - ROM Strength, etc. (See questions 20-27)			
13. Neurological			

Comments regarding abnormal findings: _____

ATHLETIC PARTICIPATION RECOMMENDATIONS:

_____ **FULL & UNLIMITED PARTICIPATION**

_____ **LIMITED PARTICIPATION - MAY NOT PARTICIPATE IN THE FOLLOWING (CHECKED):**

_____ **Baseball** _____ **Basketball** _____ **Cross Country** _____ **Football** _____ **Golf** _____ **Soccer**
 _____ **Softball** _____ **Swimming** _____ **Tennis** _____ **Track** _____ **Volleyball** _____ **Wrestling**

_____ **Clearance Pending** Documented Follow-up of _____

_____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

 Licensed Professional's Name (Printed)

 Date

 Licensed Professional's Signature

 Date

Parents or Guardian's Permission and Release (Sign after the physical examination has been completed.)

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

 Typed or printed Name of Parent or Guardian

 Signature of Parent or Guardian

 Address (Street/PO Box, City, State, Zip)

 Phone Number