PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parent	s if younger than i	l 8) before your ap	pointment.	
Name:		Dc	ite of birth:	
Date of examination:	Sport(s)			
Sex assigned at birth (F, M, or intersex):	How do	you identify your	gender? (F, M, or other)	:
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past surgic	cal procedures			
Medicines and supplements: List all current prescrip	otions, over-the-co	unter medicines, a	nd supplements (herbal	and nutritional).
Do you have any allergies? If yes, please list all you	ur allergies (ie, me	dicines, pollens, fo	ood, stinging insects).	
Patient Health Questionnaire Version 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bo	othered by any of	the following prob	lames (Cirola roomana	1
	Not at all	Several days	Over half the days	/
Feeling nervous, anxious, or on edge	0	1	2	really every day
Not being able to stop or control worrying	0	1	2	ა ე
Little interest or pleasure in doing things	0	1	2	ა ი
Feeling down, depressed, or hopeless	0	1	2	3 3
(A sum of ≥3 is considered positive on either	subscale [question	s 1 and 2, or que		ening purposes.)

(12.70 (3)(4)	IETA (CITETIONS) clin new construction of the conduction of the construction of the conduction of the	¥ÇE¥	175
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
GEA)	HANAMANIANIANIANIANIANIANIANIANIANIANIANIANIA	λ'Œ	
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

1(3(0)	ATHEANT CUSTIONS ATOMIN (OIL NILL WILL WILL WILL WILL WILL WILL WI)(±	ΝĊ
	Have you ever had a seizure?	34.44.2	
	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	Ter	<u>N</u> č
12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

J:613	EVITO DOUGHERIO VE	Yes:	1101		orginización de la contra
1107 11 07 25 4	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?				Do you worry about your w Are you trying to or has an that you gain or lose weigh
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27.	Are you on a special diet o certain types of foods or foo
Mb	(र्वेप्र ट् राइस् र्वे र	YC.	0.70		Have you ever had an eatin
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			50450 MARCH	MIETONIA Have you ever had a mens
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?				How old were you when yo menstrual period?
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?				When was your most recer
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?				months? ain "Yes" answers here
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?				
22	Have you ever become ill while exercising in the heat?				
23	. Do you or does someone in your family have sickle cell trait or disease?				
24	. Have you ever had or do you have any prob- lems with your eyes or vision?				

		100	3.A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	(OA) (OA) (OA) (OA) (NIEMO)		37.0%
25.	Do you worry about your weight?		
26.	Are you trying to or has anyone recommended that you gain or lose weight?	l	
		·	
27.	Are you on a special diet or do you avoid certain types of foods or food groups?		
28.	Have you ever had an eating disorder?	and the second	TENESTINES IN
TI	VIECONIA	NG P	170
29.	Have you ever had a menstrual period?		
30.	How old were you when you had your first menstrual period?		
31.	When was your most recent menstrual period?		
	How many periods have you had in the past 12 months?		
Expl	ain "Yes" answers here.		

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

^{© 2019} American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Parent or Legal Guardian Signature _

Name: Date	of birth:	
PHYSICIAN REMINDERS		
1. Consider additional questions on more-sensitive issues.		
Do you feel stressed out or under a lot of pressure?		
 Do you ever feel sad, hopeless, depressed, or anxious? 		
 Do you feel safe at your home or residence? 		
 Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip? 		
 During the past 30 days, did you use chewing tobacco, snuff, or dip? 		
Do you drink alcohol or use any other drugs?		
Have you ever taken anabolic steroids or used any other performance-enhancing supplement?		
 Have you ever taken any supplements to help you gain or lose weight or improve your perform Do you wear a seat belt, use a helmet, and use condoms? 	ance?	
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).		
,	Pava solese a consulta so	
Height: Weight:	· · · · · · · · · · · · · · · · · · ·	
	Corrected: 🗆 🗅	
WHO I WAS A STATE OF THE PARTY	NEDA SES	AT VARIOUS LAMAS ENDINGS.
Appearance	1	
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxi myopia, mitral valve prolapse [MVP], and aortic insufficiency)	ty,	
Eyes, ears, nose, and throat		
Pupils equal	[
Hearing		
Lymph nodes		
Heart ^a		
Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin		
Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA)	.), or	
tinea corporis		
Neurological		
(Unconfiguration)	TOWN	AL CARNORMALINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional		
 Double-leg squat test, single-leg squat test, and box drop or step drop test 		
* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examina	tion findings, or a c	Comination of those
Name of health care professional (print or type):	Date:	ditoic.
Address: Phone:		
Signature of health care professional:	,	MD DO MB -
© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medic American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permissi	cine, American Me	edical Society for Sports Medicine,
ional purposes with acknowledgment.	on is granted to re	eprint for noncommercial, educa-
I hereby give permission for the release of the attached student medical history and the results of the actual physical examinatic athletics and activities.	on to the school for	the purposes of participation in

PREPARTICIPATION PHYSICAL EVALUATION ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

	e:	
1	Type of disability:	
	Date of disability:	
	Classification (if available):	
٥.	Cause of disability (birth, disease, injury, or other):	
	List the sports you are playing:	arennia de la companya de la company
٥. ستانا	List the sports you die playing.	ACES III
338	Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?	
6.	Do you use any special brace or assistive device for sports?	
7.	Do you use any special prace of assistive device to special	
8.	Do you have any rashes, pressure sores, or other skin problems?	
9.	Do you have a hearing loss? Do you use a hearing aid?	
10	. Do you have a visual impairment?	
11.	Do you use any special devices for bowel or bladder function?	
12	Do you have burning or discomfort when urinating?	
13	. Have you had autonomic dysreflexia?	
14	. Have you had autonomic dysteriexid? . Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?	
15	. Do you have muscle spasticity?	
16	Do you have frequent seizures that cannot be controlled by medication?	
хр	lain "Yes" answers here.	
	L. L. wild instability	
	lantoaxial instability Radiographic (x-ray) evaluation for atlantoaxial instability	
Di	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one)	
Di	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding	
Di Ec	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding alarged spleen	
Di Ec Er	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) ssy bleeding plarged spleen epatitis	
Di Ec Er H	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding nlarged spleen epatitis steopenia or osteoporosis	
Di Ec Er H	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding nlarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel	
Di Ecc Err H«	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding slarged spleen epatitis esteopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder	
Di Ecc Er Ho D	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding slarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder	
Di Ecc Err He O D D N N	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding harged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder lumbness or tingling in arms or hands	
Dir Ecc Err He O D' N	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding clarged spleen epatitis esteopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder lumbness or tingling in arms or hands lumbness or tingling in legs or feet Veakness in arms or hands	
Di Ecc Err Hollow Di Di Di Di Di Ni	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding slarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder tumbness or tingling in arms or hands slumbness or tingling in legs or feet Veakness in arms or hands Veakness in legs or feet	
Di Ecc Err Ha O D' D D N N V V R	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding slarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder tumbness or tingling in arms or hands tumbness or tingling in legs or feet Veakness in arms or hands Veakness in legs or feet ecent change in coordination	
Dii Ecc Err Hollow Di N N N N N R R R	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding nlarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel itficulty controlling bladder lumbness or tingling in arms or hands lumbness or tingling in legs or feet Veakness in arms or hands Veakness in legs or feet ecent change in coordination ecent change in ability to walk	
Di Ecc Err Ho O D' D D N N Y Y R R R S	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding alarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder tumbness or tingling in arms or hands tumbness or tingling in legs or feet Veakness in arms or hands Veakness in legs or feet ecent change in coordination ecent change in ability to walk epina bifida	
Di Ecc Err Ho O D' N N V V R R R S L L	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) usy bleeding nlarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder lumbness or tingling in arms or hands lumbness or tingling in legs or feet Veakness in legs or feet ecent change in coordination ecent change in ability to walk spina bifida atex allergy	
Di Ecc Err Ho O D' N N V V R R R S L L	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) asy bleeding alarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder tumbness or tingling in arms or hands tumbness or tingling in legs or feet Veakness in arms or hands Veakness in legs or feet ecent change in coordination ecent change in ability to walk epina bifida	
Di Ecc Err Hollow N N N N N R R R S L	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) usy bleeding nlarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder lumbness or tingling in arms or hands lumbness or tingling in legs or feet Veakness in legs or feet ecent change in coordination ecent change in ability to walk spina bifida atex allergy	
Di Ecc Err Ho O D' N N V V R R R S L L	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) usy bleeding nlarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder lumbness or tingling in arms or hands lumbness or tingling in legs or feet Veakness in legs or feet ecent change in coordination ecent change in ability to walk spina bifida atex allergy	
Di Ecc Err Hollow N N N N N N R R R S L L	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) ssy bleeding slarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder lumbness or tingling in arms or hands lumbness or tingling in legs or feet Veakness in arms or hands Veakness in arms or hands ecent change in coordination ecent change in ability to walk pina bifida atex allergy plain "Yes" answers here.	d correct
Dii Ecc Err Hollow Di D D D D D D D D D D D D D D D D D D	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) say bleeding slarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder tumbness or tingling in arms or hands tumbness or tingling in legs or feet Veakness in arms or hands Veakness in arms or hands veakness in iegs or feet ecent change in coordination ecent change in ability to walk spina bifida atex allergy plain "Yes" answers here.	d correct
Dii Ecc Err Hollow Di D D D D N N N V V R R R R S L L L L L L L L L L L L L L L	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) say bleeding slarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder tumbness or tingling in arms or hands tumbness or tingling in legs or feet Veakness in arms or hands Veakness in legs or feet ecent change in coordination ecent change in ability to walk ipina bifida atex allergy plain "Yes" answers here.	d correct
Di Ec Er Ho O D D N N V V R R R S L L Ex Sig Sig	Radiographic (x-ray) evaluation for atlantoaxial instability slocated joints (more than one) say bleeding slarged spleen epatitis steopenia or osteoporosis ifficulty controlling bowel ifficulty controlling bladder tumbness or tingling in arms or hands tumbness or tingling in legs or feet Veakness in arms or hands Veakness in arms or hands veakness in iegs or feet ecent change in coordination ecent change in ability to walk spina bifida atex allergy plain "Yes" answers here.	d correct

^{© 2019} American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Med