

# SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ (YRS) GRADE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SPORTS \_\_\_\_\_

The Health History (Part A) and Physical Examination (Part C) sections must both be completed, at least every 24 months, before sports participation. The Interim Health History section (Part B) needs to be completed at least annually.

### PART A — HEALTH HISTORY:

To be completed by athlete and parent

- |  | YES   | NO    |
|--|-------|-------|
| 1. Have you ever had an illness that:  | _____ | _____ |
| a. required you to stay in the hospital?   | _____ | _____ |
| b. lasted longer than a week?  | _____ | _____ |
| c. caused you to miss 3 days of practice or a competition?   | _____ | _____ |
| d. is related to allergies? (ie, hay fever, hives, asthma, insect stings)                                | _____ | _____ |
| e. required an operation?  | _____ | _____ |
| f. is chronic? (ie, asthma, diabetes, etc)   | _____ | _____ |
| 2. Have you ever had an injury that:   | _____ | _____ |
| a. required you to go to an emergency room or see a doctor?  | _____ | _____ |
| b. required you to stay in the hospital?   | _____ | _____ |
| c. required x-rays?  | _____ | _____ |
| d. caused you to miss 3 days of practice or a competition?   | _____ | _____ |
| e. required an operation?  | _____ | _____ |
| 3. Do you take any medication or pills?  | _____ | _____ |
| 4. Have any members of your family under age 50 had a heart attack, heart problem, or died unexpectedly? | _____ | _____ |
| 5. Have you ever:  | _____ | _____ |
| a. been dizzy or passed out during or after exercise?  | _____ | _____ |
| b. been unconscious or had a concussion?   | _____ | _____ |
| 6. Are you unable to run 1/2 mile (2 times around the track) without stopping?                           | _____ | _____ |
| 7. Do you:   | _____ | _____ |
| a. wear glasses or contacts?   | _____ | _____ |
| b. wear dental bridges, plates, or braces?   | _____ | _____ |
| 8. Have you ever had a heart murmur, high blood pressure, or a heart abnormality?                        | _____ | _____ |
| 9. Do you have any allergies to any medicine?  | _____ | _____ |
| 10. Are you missing a kidney?  | _____ | _____ |
| 11. When was your last tetanus booster? _____  |       |       |
| 12. <b>For Women</b>   |       |       |
| a. At what age did you experience your first menstrual period? _____                                     |       |       |
| b. In the last year, what is the longest time you have gone between periods? _____                       |       |       |

EXPLAIN ANY "YES" ANSWERS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date \_\_\_\_\_

Signature of athlete \_\_\_\_\_

Signature of parent \_\_\_\_\_

### PART B — INTERIM HEALTH HISTORY:

This form should be used during the interval between preparticipation evaluations. Positive responses should prompt a medical evaluation.

1. Over the next 12 months, I wish to participate in the following sports:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  
2. Have you missed more than 3 consecutive days of participation in usual activities because of an injury this past year?
 

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

  - a. Site of injury \_\_\_\_\_
  - b. Type of injury \_\_\_\_\_
  
3. Have you missed more than 5 consecutive days of participation in usual activities because of an illness, or have you had a medical illness diagnosed that has not been resolved in this past year?
 

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

  - a. Type of illness \_\_\_\_\_
  
4. Have you had a seizure, concussion or been unconscious for any reason in the last year?
 

Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. Have you had surgery or been hospitalized in this past year?
 

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate:

  - a. Reason for hospitalization \_\_\_\_\_
  - b. Type of surgery \_\_\_\_\_
  
6. List all medications you are presently taking and what condition the medication is for.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
7. Are you worried about any problem or condition at this time?
 

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date \_\_\_\_\_

Signature of athlete \_\_\_\_\_

Signature of parent \_\_\_\_\_

## Part C – PHYSICAL EXAMINATION RECORD

NAME \_\_\_\_\_ DATE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Height \_\_\_\_\_ Vision: R \_\_\_\_\_ / \_\_\_\_\_, corrected \_\_\_\_\_, uncorrected \_\_\_\_\_

Weight \_\_\_\_\_ L \_\_\_\_\_ / \_\_\_\_\_, corrected \_\_\_\_\_, uncorrected \_\_\_\_\_

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Percent Body Fat (optional) \_\_\_\_\_

	Normal	Abnormal Findings	Initials			
1. Eyes						
2. Ears, Nose, Throat						
3. Mouth & Teeth						
4. Neck						
5. Cardiovascular						
6. Chest and Lungs						
7. Abdomen						
8. Skin						
9. Genitalia - Hernia (male)						
10. Musculoskeletal: ROM, strength, etc.						
a. neck						
b. spine						
c. shoulders						
d. arms/hands						
e. hips						
f. thighs						
g. knees						
h. ankles						
i. feet						
11. Neuromuscular						
12. Physical Maturity (Tanner Stage)	1.	2.	3.	4.	5.	

Comments re: Abnormal Findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARTICIPATION RECOMMENDATIONS:**

1. No participation in: \_\_\_\_\_  
 \_\_\_\_\_
2. Limited participation in: \_\_\_\_\_  
 \_\_\_\_\_
3. Requires: \_\_\_\_\_  
 \_\_\_\_\_
4. Full participation in: \_\_\_\_\_

**Physician Signature** \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Address \_\_\_\_\_