

Pre-participation Examination



To be completed by athlete or parent prior to examination.			Manual Examination FORM
Name			School Year
Last First		Mi	dle
Address			VOS 8 molecus City/State_64899 30
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Phone No Birthdate		A	ge Class Student ID No
Parent's Name			Phone NoPhone No
Falelit S Name			Priorie No.
Address			
HISTORY FORM			* Pupits equal
	ver-the-count	er medi	ines and supplements (herbal and nutritional) that you are currently taking
The distinct and Allergies. The dist his time of the prescription and of	rer the count	er mear	mes and supplements (herbar and nath tional) that you are currently taking sygnify many
			Leader State Committee and the committee of the Committee
			(Mil 1) setugan luminom la sinsa la recineza.
	, please iden ollens	tify spec	ic allergy below. ☐ Food ☐ Stinging Insects
Explain "Yes" answers below. Circle questions you don't know		to.	Li Toou Li Stinging insects
GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS Yes No
1. Has a doctor ever denied or restricted your participation in spo	orts		26. Do you cough, wheeze, or have difficulty breathing during or after
for any reason?			exercise? (vino zelam) via importir so
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections			Have you ever used an inhaler or taken asthma medicine? Is there anyone in your family who has asthma?
Other:		-	29. Were you born without or are you missing a kidney, an eye, a
3. Have you ever spent the night in the hospital?			testicle (males), your spleen, or any other organ?
4. Have you ever had surgery?			30. Do you have groin pain or a painful bulge or hernia in the groin
HEART HEALTH QUESTIONS ABOUT YOU 5. Have you ever passed out or nearly passed out DURING or AFT	Yes	No	area?
exercise?	ER		31. Have you had infectious mononucleosis (mono) within the last month?
6. Have you ever had discomfort, pain, tightness, or pressure in y	our		32. Do you have any rashes, pressure sores, or other skin problems?
chest during exercise?			33. Have you had a herpes or MRSA skin infection?
7. Does your heart ever race or skip beats (irregular beats) during exercise?			34. Have you ever had a head injury or concussion?
Has a doctor ever told you that you have any heart problems?	lf .		35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
so, check all that apply: High blood pressure A heart muri			36. Do you have a history of seizure disorder?
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease			37. Do you have headaches with exercise?
Other:	-		38. Have you ever had numbness, tingling, or weakness in your arms
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			or legs after being hit or falling?
10. Do you get lightheaded or feel more short of breath than			39. Have you ever been unable to move your arms or legs after being hit or falling?
expected during exercise?			40. Have you ever become ill while exercising in the heat?
11. Have you ever had an unexplained seizure?			41. Do you get frequent muscle cramps when exercising?
12. Do you get more tired or short of breath more quickly than you friends during exercise?	ır		42. Do you or someone in your family have sickle cell trait or disease?
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	43. Have you had any problems with your eyes or vision? 44. Have you had any eye injuries?
13. Has any family member or relative died of heart problems or h	ad		45. Do you wear glasses or contact lenses?
an unexpected or unexplained sudden death before age 50			46. Do you wear protective eyewear, such as goggles or a face shield?
(including drowning, unexplained car accident, or sudden infan death syndrome)?	it		47. Do you worry about your weight?
14. Does anyone in your family have hypertrophic cardiomyopathy	,		48. Are you trying to or has anyone recommended that you gain or
Marfan syndrome, arrhythmogenic right ventricular			lose weight? 49. Are you on a special diet or do you avoid certain types of foods?
cardiomyopathy, long QT syndrome, short QT syndrome, Bruga	ada		50. Have you ever had an eating disorder?
syndrome, or catecholaminergic polymorphic ventricular tachycardia?			51. Have you or any family member or relative been diagnosed with
15. Does anyone in your family have a heart problem, pacemaker,	or		cancer?
implanted defibrillator?			52. Do you have any concerns that you would like to discuss with a doctor?
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	ed		FEMALES ONLY Yes No
BONE AND JOINT QUESTIONS	Yes	No	53. Have you ever had a menstrual period?
17. Have you ever had an injury to a bone, muscle, ligament, or			54. How old were you when you had your first menstrual period?
tendon that caused you to miss a practice or a game?			55. How many periods have you had in the last 12 months?
18. Have you ever had any broken or fractured bones or dislocated			Explain "yes" answers here
joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan,			
injections, therapy, a brace, a cast, or crutches?			
20. Have you ever had a stress fracture?	20.20		STILL SINGLE C. TURNEY II
21. Have you ever been told that you have or have you had an x-ra	The second secon		Recognition to the second seco
for neck instability or atlantoaxial instability? (Down syndrome dwarfism)	or		TRESDECTION OF THE STATE
22. Do you regularly use a brace, orthotics, or other assistive device	e?		Advanced Nurse Practitioner's Signature"
23. Do you have a bone, muscle, or joint injury that bothers you?			
24. Do any of your joints become painful, swollen, feel warm, or lo	ok		DESIGNATION OF A DESCRIPTION OF THE PARTY OF
red?			ASSEMATES THE LIGHT OF A THE REPORT ASSEMBLY SECTION OF THE SECTIO

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





PHYSICAL EXAMINATION FORM	Name			
EXAMINATION	Last		First	Middle
Height Weight	☐ Male ☐ Female			
BP / (/) Pulse	Vision R 20/	L 20/	Corrected D	JY DN
MEDICAL		NORMAL	ABNORMAL FINDINGS	
Appearance Of Charles and Char	228D02A		esebairas	.0101
 Marfan stigmata (kyphoscoliosis, high-arched palate, pectus exc 	cavatum,			
arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, a				
Eyes/ears/nose/throat				
Pupils equal				
• Hearing				
Lymph nodes	ramal-cars for a gave or some	and the second second by	eruteianzaan a leiko lin tuli o	ozali reolmella bee soniol
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Pulses boot ©		1 Poilens	3	
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Skin		density		
 HSV, lesions suggestive of MRSA, tinea corporis 	edia P		anaupshit El amedetó El al	
Neurologic ^c	Market Market		and the second second second second second	TO COURSE AND
MUSCULOSKELETAL				
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Wrist/hand/fingers	SVEH SE I		 	chica paring exercises
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Foot/toes	27 of 31% 4		rational functional Languages has the	9d A L1 R01322910d2 d363 L2
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