

Athletic Pre-Participation Screening Exam 2016-2017

The parent/guardian and student athlete will review and submit the Permit to Participate in Athletics (not this form) in the form of: Electronic (SportsNet Online Registration) Hard Copy

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)

<p>Please check</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Hospitalization?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Surgery other than removal of tonsils?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Missing organs (eye, kidney, testicle, etc.)?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Allergies (to medicines, insects, foods, etc.)?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Chest pain or severe shortness of breath with exercise?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Problems with blood pressure or heart (i.e. heart murmur)?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Dizziness or fainting with exercise?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Severe or frequent headaches?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Concussion or loss of consciousness?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Heat exhaustion, heat stroke or other problems with heat?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Mono, hepatitis, hemophilia?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Diabetes?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Seizures/convulsions?</p>	<p>Has this student had any:</p>	<p>Please check</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Neck or back injury?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Knee injury?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Shoulder or elbow injury?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Ankle injury?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Dislocation of a joint?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Catching or locking of a joint?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Broken bones/fractures?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Ulcers or hernias?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Stingers/burners?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Skin problems?</p>	<p>Is there a history of:</p>
		<p>Further History</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Has any family member died suddenly at less than 40 years of age of causes other than an accident?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/> Has any family member had a heart attack at less than 55 years of age?</p>	

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

