Athletic Pre-Participation Screening Exam 2019-2020

The parent/guardian and student athlete will review and submit the Permit to Participate in Athletics (not this form) electronically by completing the SportsNet Online Registration.

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)

Please check		**Has this student had any:**
Y ☐	N ☐	Hospitalization?
Y ☐	N ☐	Surgery other than removal of tonsils?
Y ☐	N ☐	Missing organs (eye, kidney, testicle, etc.)?
Y ☐	N ☐	Allergies (to medicines, insects, foods, etc.)?
Y ☐	N ☐	Chest pain or severe shortness of breath with exercise?
Y ☐	N ☐	Problems with blood pressure or heart (i.e. heart murmur)?
Y ☐	N ☐	Dizziness or fainting with exercise?
Y ☐	N ☐	Severe or frequent headaches?
Y ☐	N ☐	Concussion or loss of consciousness?
Y ☐	N ☐	Heat exhaustion, heat stroke or other problems with heat?
Y ☐	N ☐	Mono, hepatitis, hemophilia?
Y ☐	N ☐	Diabetes?
Y ☐	N ☐	Seizures/convulsions?

Please check		**Is there a history of:**
Y ☐	N ☐	Neck or back injury?
Y ☐	N ☐	Knee injury?
Y ☐	N ☐	Shoulder or elbow injury?
Y ☐	N ☐	Ankle injury?
Y ☐	N ☐	Dislocation of a joint?
Y ☐	N ☐	Catching or locking of a joint?
Y ☐	N ☐	Broken bones/fractures?
Y ☐	N ☐	Ulcers or hernias?
Y ☐	N ☐	Stingers/burners?
Y ☐	N ☐	Skin problems?
		Further History
Y ☐	N ☐	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
Y ☐	N ☐	Has any family member had a heart attack at less than 55 years of age?

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

Sequoia Union High School District, Woodside High School **2019-2020 School Year**

Name _____ Student # _____ Grade _____

Athletic Pre-Participation Screening Exam Part 2: General Exam (To be completed by examining physician)

	Normal	**Abnormal** (Describe)	**Fill in Information:**
Eyes, ears, nose, throat	☐		Pulse:
Skin	☐		BP:
Lungs	☐		Height:
Heart	☐		Weight:
Abdomen	☐		**Date of Physical Exam:**
Genitalia/Hernia (males)	☐		

Suggested Musculoskeletal Exam

ROM STRENGTH

Normal	Abnormal	**Cervical/Spine**
☐	☐	Flex/Ext
☐	☐	Rotation right/left
☐	☐	Lateral flexion right/left
☐	☐	Thoracic
☐	☐	Lumbar
☐	☐	Flex/Ext
☐	☐	Rotation right/left
☐	☐	Lateral Flexion
☐	☐	Abdominals/Obliques
		Upper Extremity
☐	☐	Shoulder
☐	☐	Forward Flexion/Ext.
☐	☐	Abduction/Adduction
☐	☐	Internal/Ext. Rotation
☐	☐	Horizontal Abd/Add
☐	☐	A C Joint/Clavicle
☐	☐	Stability Testing
☐	☐	Biceps Flex/Ext.
☐	☐	Elbow
☐	☐	Supination/Pronation
☐	☐	Wrist/Hand
		General Flexibility
☐	☐	Hamstrings
☐	☐	Quadriceps
☐	☐	Lumbar Spine
☐	☐	Achilles

Normal	Abnormal	**Lower Extremity**
☐	☐	Hip
☐	☐	Hip flexors/Gluteals
☐	☐	Add/Abd – Groin/TT
☐	☐	Int./Ext. Rotation
☐	☐	Knee
☐	☐	Patellar Tendon
☐	☐	Tibial Tuberosity
☐	☐	MCL/LCL
☐	☐	ACL/PCL
☐	☐	Cartilage Testing
☐	☐	Quads/Hamstrings
☐	☐	Gast/Soleus Comlex
☐	☐	Patella
☐	☐	Crepitus
☐	☐	Tracking
☐	☐	Ankle
☐	☐	Plantar/Dorsiflexion
☐	☐	Inversion/Eversion
☐	☐	Subtalar Joint
☐	☐	Ligament Testing
☐	☐	Feet/Toes

DOCTOR'S OFFICE STAMP HERE
REQUIRED

Use this space to describe abnormalities.

_____

_____

Disposition:

☐ Cleared for collision, contact, and non-contact sports

☐ Conditional participation, limited to: _____

☐ No participation until: (date) _____

☐ No participation in any sport or physical education because of: _____

Dr. Signature: _____ License #: _____ Date: _____

▪PHYSICAL MUST BE PERFORMED BY A LICENSED, PRACTICING MD OR NP (No Chiropractors) & MUST BE VALID FOR THE DURATION OF THE 2019-2020 SCHOOL YEAR▪

Physical will be valid for 1 YEAR from the Date of Physical Exam.