

Athletic Pre-Participation Screening Exam 2022-2023

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) – **MUST BE DONE ONLINE**

<https://sportsnethost.com/menlo-atherton>

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

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

Name	Student #	Grade
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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	<input type="checkbox"/>				Pulse:
Skin	<input type="checkbox"/>				BP:
Lungs	<input type="checkbox"/>				Height:
Heart	<input type="checkbox"/>				Weight:
Abdomen	<input type="checkbox"/>				
Genitalia/Hernia (males)	<input type="checkbox"/>				

Suggested Musculoskeletal Exam

ROM STRENGTH					
Normal	Abnormal	Cervical/Spine	Normal	Abnormal	Lower Extremity
<input type="checkbox"/>	<input type="checkbox"/>	Flex/Ext	<input type="checkbox"/>	<input type="checkbox"/>	Hip
<input type="checkbox"/>	<input type="checkbox"/>	Rotation right/left	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors/Gluteals
<input type="checkbox"/>	<input type="checkbox"/>	Lateral flexion right/left	<input type="checkbox"/>	<input type="checkbox"/>	Add/Abd – Groin/TT
<input type="checkbox"/>	<input type="checkbox"/>	Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	Int./Ext. Rotation
<input type="checkbox"/>	<input type="checkbox"/>	Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	Knee
<input type="checkbox"/>	<input type="checkbox"/>	Flex/Ext	<input type="checkbox"/>	<input type="checkbox"/>	Patellar Tendon
<input type="checkbox"/>	<input type="checkbox"/>	Rotation right/left	<input type="checkbox"/>	<input type="checkbox"/>	Tibial Tuberosity
<input type="checkbox"/>	<input type="checkbox"/>	Lateral Flexion	<input type="checkbox"/>	<input type="checkbox"/>	MCL/LCL
<input type="checkbox"/>	<input type="checkbox"/>	Abdominals/Obliques	<input type="checkbox"/>	<input type="checkbox"/>	ACL/PCL
		Upper Extremity	<input type="checkbox"/>	<input type="checkbox"/>	Cartilage Testing
<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Quads/Hamstrings
<input type="checkbox"/>	<input type="checkbox"/>	Forward Flexion/Ext.	<input type="checkbox"/>	<input type="checkbox"/>	Gast/Soleus Complex
<input type="checkbox"/>	<input type="checkbox"/>	Abduction/Adduction	<input type="checkbox"/>	<input type="checkbox"/>	Patella
<input type="checkbox"/>	<input type="checkbox"/>	Internal/Ext. Rotation	<input type="checkbox"/>	<input type="checkbox"/>	Crepitus
<input type="checkbox"/>	<input type="checkbox"/>	Horizontal Abd/Add	<input type="checkbox"/>	<input type="checkbox"/>	Tracking
<input type="checkbox"/>	<input type="checkbox"/>	A C Joint/Clavicle	<input type="checkbox"/>	<input type="checkbox"/>	Ankle
<input type="checkbox"/>	<input type="checkbox"/>	Stability Testing	<input type="checkbox"/>	<input type="checkbox"/>	Plantar/Dorsiflexion
<input type="checkbox"/>	<input type="checkbox"/>	Biceps Flex/Ext.	<input type="checkbox"/>	<input type="checkbox"/>	Inversion/Eversion
<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Subtalar Joint
<input type="checkbox"/>	<input type="checkbox"/>	Supination/Pronation	<input type="checkbox"/>	<input type="checkbox"/>	Ligament Testing
<input type="checkbox"/>	<input type="checkbox"/>	Wrist/Hand	<input type="checkbox"/>	<input type="checkbox"/>	Feet/Toes
		General Flexibility	<p style="color: red; font-weight: bold; margin: 0;">DOCTOR'S OFFICE STAMP HERE REQUIRED</p>		
<input type="checkbox"/>	<input type="checkbox"/>	Hamstrings			
<input type="checkbox"/>	<input type="checkbox"/>	Quadriiceps			
<input type="checkbox"/>	<input type="checkbox"/>	Lumbar Spine			
<input type="checkbox"/>	<input type="checkbox"/>	Achilles			

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 of Exam: _____

•PHYSICAL MUST BE PERFORMED BY A LICENSED, PRACTICING MD OR DO (no Chiropractors) & MUST BE VALID FOR THE DURATION OF THE 2022-2023 SCHOOL YEAR•

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