Pre-participation Examination

To be completed by athlete or parent prior to examination.

Name
Address
Phone
Parent's Name
Address

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? Yes ☐  No ☐
If yes, please identify specific allergy below.

MEDICATIONS

Asthma inhaled bronchodilators or steroids? Yes ☐  No ☐

HEART HEALTH QUESTIONS ABOUT YOU

Have you ever had surgery? Yes ☐  No ☐

HEART PROBLEMS?

Have you ever had a heart murmur or noisy heartbeat? Yes ☐  No ☐

Do you have any problems with your heart? Yes ☐  No ☐

Have you ever had a heart attack? Yes ☐  No ☐

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

Have you ever had surgery? Yes ☐  No ☐

Do you have a family member or relative who has had a heart attack? Yes ☐  No ☐

HEX AND JUMP QUESTIONS

Have you ever had an injury to a bone, muscle, ligament, or tendons that caused you to miss practice or a game? Yes ☐  No ☐

Have you ever had any break or fractured bone or dislocated joints? Yes ☐  No ☐

Have you ever had an injury that required surgery? Yes ☐  No ☐

Have you ever had a stress fracture? Yes ☐  No ☐

Have you ever been told you have or you had a sprain or strain that caused you to miss practice or a game? Yes ☐  No ☐

Have you ever had a concussion? Yes ☐  No ☐

Do you have any history of foreach acute or chronic asthma or allergy? Yes ☐  No ☐

Explain "yes" answers here: 

Both parent and student must sign and date.
**PHYSICAL EXAMINATION FORM**

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP / Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL**

- **Appearance**
  - **Normal**
  - **Abnormal Findings**
- **Eyes/ears/nose/throat**
  - **Normal**
  - **Abnormal Findings**
- **Heart**
  - **Murmurs** (auscultation standing, supine, +/- Valsalva)
  - **Location of point of maximal impulse (PMI)**
- **Pulmonary**
  - **Simultaneous venous and arterial pulse**
- **Abdomen**
  - **Normal**
  - **Abnormal Findings**
- **Genitourinary (adults only)**
- **Skin**
  - **Normal**
  - **Abnormal Findings**
- **Neurologic**

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
</tr>
<tr>
<td>Back</td>
</tr>
<tr>
<td>Shoulder/Arm</td>
</tr>
<tr>
<td>Elbow/Forearm</td>
</tr>
<tr>
<td>Wrist/hand/Forearm</td>
</tr>
<tr>
<td>Hips/Thigh</td>
</tr>
<tr>
<td>Knee</td>
</tr>
<tr>
<td>Leg/Ankle</td>
</tr>
<tr>
<td>Feet/toes</td>
</tr>
<tr>
<td>Functional Tests</td>
</tr>
<tr>
<td>Duod-Antispyaga</td>
</tr>
</tbody>
</table>

**Additional Comments:**

**Physician’s signature**

**Physician’s Name**

**Physician’s Assistant Signature**

**PA’s Name**

**Advanced Nurse Practitioner’s Signature**

**ANP’s Name**

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**HSA Steroid Testing Policy Consent to Random Testing**

(As a prerequisite to participation in HSA athletic activities, we agree that our student will not use performance-enhancing substances as defined in the HSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that our student may be asked to submit to random testing of performance-boosting substances in the form of urine samples before school, during school, and after school. Failure to provide a sample results in suspension from participation in any school activity for the remainder of the school year. Failure to follow the policy will result in suspension from all school activities for the remainder of the school year. The results of performance-boosting substance testing will be held confidential to the extent required by law. We understand and agree that the results of the performance-boosting substance testing will be held confidential to the extent required by law. We understand and agree that the results of the performance-boosting substance testing will be held confidential to the extent required by law.)

<table>
<thead>
<tr>
<th>Signature of student-athlete</th>
<th>Date</th>
<th>Signature of parent-guardian</th>
<th>Date</th>
</tr>
</thead>
</table>
Parent Consent

Completed and signed by parent if student needs to self administer Asthma Medicine

Signature of Parent or Guardian
Date

Physician Consent

Completed and signed by doctor if student needs to self administer Asthma Medicine

Signature of Physician
Date

Reviewed 4/24/2013