

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION

SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: _____ **Age:** _____ **Sex:** _____

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.

Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	☐	☐	☐
2. Is the athlete presently taking any medications or pills?	☐	☐	☐
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	☐	☐	☐
4. Does the athlete have the sickle cell trait?	☐	☐	☐
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	☐	☐	☐
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	☐	☐	☐
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	☐	☐	☐
8. Has the athlete ever fainted or passed out AFTER exercise?	☐	☐	☐
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	☐	☐	☐
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	☐	☐	☐
11. Has the athlete ever been diagnosed with exercise-induced asthma?	☐	☐	☐
12. Has a doctor ever told the athlete that they have high blood pressure?	☐	☐	☐
13. Has a doctor ever told the athlete that they have a heart infection?	☐	☐	☐
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	☐	☐	☐
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	☐	☐	☐
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	☐	☐	☐
17. Has the athlete ever had a stinger, burner or pinched nerve?	☐	☐	☐
18. Has the athlete ever had any problems with their eyes or vision?	☐	☐	☐
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints?	☐	☐	☐
☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee ☐ Chest ☐ Hip ☐ Forearm ☐ Shin/calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hand ☐ Foot			
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	☐	☐	☐
21. Has the athlete ever been hospitalized or had surgery?	☐	☐	☐
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	☐	☐	☐
23. Has the athlete had a medical problem or injury since their last evaluation?	☐	☐	☐
FAMILY HISTORY	☐	☐	☐
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	☐	☐	☐
25. Has any family member had unexplained heart attacks, fainting or seizures?	☐	☐	☐
26. Does the athlete have a father, mother or brother with sickle cell disease?	☐	☐	☐

Elaborate on any positive (yes) answers: _____

If additional space is needed attach a separate sheet

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone #: _____

Athlete's Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ (_____ % ile) / _____ (_____ % ile) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N

Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates			
HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:
☐ A. Cleared
☐ B. Cleared after completing evaluation/rehabilitation for : _____
☐ *** C. Medical Waiver Form must be attached (for the condition of: _____)
☐ D. Not cleared for: ☐ Collision ☐ Contact

☐ Non-contact _____ Strenuous _____ Moderately strenuous _____ Non-strenuous

Due to: _____

Additional Recommendations/Rehab Instructions: _____

Name of Physician/Extender: _____

Signature of Physician/Extender _____ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: _____

Address: _____

Phone _____

Physician Office Stamp:

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.