■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your pare				
Name:	(East Name)	Do	ate of birth:	
		oort(s):		
Sex assigned at birth:				
List past and current medical conditions.				
Have you ever had surgery? If yes, list all past surg	gical procedu			
Medicines and supplements: List all current presci	riptions, over-	the-counter medicines, c	ınd supplements (herbal c	and nutritional).
Do you have any allergies? If yes, please list all y	our allergies	(ie, medicines, pollens, f	ood, stinging insects).	
Patient Health Questionnaire Version 4 (PHQ-4) Over the last 2 weeks, how often have you been	bothered by a		plems? (check box next to a Over half the days	
Feeling nervous, anxious, or on edge	По		2	
Not being able to stop or control worrying			<u>—</u> — П 2	—- □3
Little interest or pleasure in doing things	Π̈́		\Box_2^-	3
Feeling down, depressed, or hopeless			\square_2^-	□3 □3
(A sum of ≥3 is considered positive on either		—	estions 3 and 4] for screer	_
<u> </u>				
GENERAL QUESTIONS		HEART HEALTH Q	JESTIONS ABOUT YOU	
(Explain "Yes" answers at the end of this form.		(CONTINUED)		Yes No
Circle questions if you don't know the answer.)	Yes No		ght-headed or feel shorter of	f breath
Do you have any concerns that you would like to		than your frie	ends during exercise?	
discuss with your provider?	 _ 	10. Have you eve	er had a seizure?	
Has a provider ever denied or restricted your participation in sports for any reason?		, 0, 1,5,0 /05 5	11 HQQ Q 30120) 5.	
Do you have any ongoing medical issues or		7 }	UESTIONS ABOUT YOUR FA	
recent illness?			ily member or relative died o	
HEART HEALTH QUESTIONS ABOUT YOU	Yes No		had an unexpected or unexp 1 before age 35 years (includ	
4. Have you ever passed out or nearly passed out during or after exercise?		drowning or	unexplained car crash)?	
 Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? 		problem such	in your family have a genet as hypertrophic cardiomyo	pathy
6. Does your heart ever race, flutter in your chest,			an syndrome, arrhythmogen	
or skip beats (irregular beats) during exercise?			ardiomyopathy (ARVC), long QTS), short QT syndrome (SC	
7. Has a doctor ever told you that you have any			drome, or catecholaminergic	
heart problems?			ricular tachycardia (CPVT)?	
8. Has a doctor ever requested a test for your		12	in your family had a pacemo	
heart? For example, electrocardiography (ECG) or echocardiography.			in your family had a pacent I defibrillator before age 359	

HON	IE AND JOINT QUESTIONS	Yes	No	MEDICAL QUESTIONS (CONTINUED)	Yes	
14.	Have you ever had a stress fracture or an injury			25. Do you worry about your weight?		\prod
	to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		L	26. Are you trying to or has anyone recommended that you gain or lose weight?][[
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?			27. Are you on a special diet or do you avoid certain types of foods or food groups?		
MEE	ICAL QUESTIONS	Yes	No	28. Have you ever had an eating disorder?		111
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?			Earlain //Way// annuana hava		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			Explain "Yes" answers here.		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			9		<u> </u>
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			,"		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?					
22.	Have you ever become ill while exercising in the heat?					
23.	Do you or does someone in your family have sickle cell trait or disease?					
24.	Have you ever had or do you have any prob- lems with your eyes or vision?					
		wled	ge,	answers to the questions on this form are	comp	let
-						
igna	ture of parent or guardian:					
)ate:						

tional purposes with acknowledgment.

2023 This form has been modified for use by the GHSA

■ PREPARTICIPATION PHYSICAL EVALUATION

nation of those.

PHYSICAL EXAMINATION FORM					
Name: (First Name)		D	ate of birth: _		
PHYSICIAN REMINDERS 1. Consider additional questions on more-sensitive. Do you feel stressed out or under a lot of period of	ressure? or anxious? s? , chewing tobacco, snuff, or dipring to the performance enterpring you gain or lose weight or it use condoms?	p? hancing suppleme mprove your perf	ent ?		
EXAMINATION					
Height: Weight:					
BP: / (/) Pulse:	Vision: R 20/	L 20/	Corrected:	□Y L	N
Appearance • Marfan stigmata (kyphoscoliosis, high-arched myopia, mitral valve prolapse [MVP], and aort Eyes, ears, nose, and throat • Pupils equal • Hearing Lymph nodes Heart • Murmurs (auscultation standing, auscultation standing) Lungs Abdomen Skin • Herpes simplex virus (HSV), lesions suggestive tinea corporis Neurological	ic Insufficiency) upine, and ± Valsalva maneuve	er)	rlaxity,	DRMAL	ABNORMAL FINDINGS
MUSCULOSKELETAL			NC	DRMAL	ABNORMAL FINDINGS
Neck					
Back					
Shoulder and arm					
Elbow and forearm					
Wrist, hand, and fingers					
Hip and thigh					
Knee					
Leg and ankle					
Foot and toes					
Functional • Double-leg squat test, single-leg squat test, and	l box drop or step drop test				
Consider electrocardiography (ECG), echocardiography	graphy, referral to a cardiologis	st for abnormal co	ardiac history o	examin	ation findings, or a combi-

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_____, MD, DO, NP, or PA

Name of health care professional (print or type):

Signature of health care professional:

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name:		Date of bir	rih:	
Medically eligible for a	Il sports without restriction		•	
Medically eligible for a	ll sports without restriction with	recommendations for further evaluat	ion or treatment of	
				· F.
☐ Medically eligible for ce				
		\$9 ·		
☐ Not medically eligible p	pending further evaluation			
☐ Not medically eligible f				
Recommendations:				<u> </u>
and the potential conse	quences are completely exp	ation, the physician may rescind lained to the athlete (and parents	or guardians).	•
Name of health care profe	ssional (print or type):		Date:	<u> </u>
Address:*			Phone:	
Address:*	rofessional:		Phone:	
Address: ** Signature of health care pr	rofessional:		Phone:	
Address:* Signature of health care presented the same of the	rofessional:		Phone:	
Address:* Signature of health care presented the same of the	rofessional:		Phone:	
Address: Signature of health care pr SHARED EMERGENO Allergies:	rofessional:		Phone:	
Address:* Signature of health care pr SHARED EMERGENC Allergies: Medications:	rofessional:		Phone:	
Address:* Signature of health care presented the same of the	ofessional:		Phone:	
Address:	ofessional:		Phone:	
Address:	rofessional:		Phone:	

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