

## Village Christian School Preparticipation Physical Evaluation

**History Form: Complete and sign this form (with your parents if younger than 18) before you see an MD, DO, NP, or PA.**

Name: \_\_\_\_\_ Sex (circle): M / F Date of Birth: \_\_\_\_\_ Sports: \_\_\_\_\_

Medical Conditions (list all past and current): \_\_\_\_\_  
 \_\_\_\_\_  
 Surgical Procedures (list all past procedures): \_\_\_\_\_  
 Medicines and supplements (list all current prescriptions, over-the-counter medicines, and supplements [herbal and nutritional]): \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies (medicines, pollens, food, stinging insects etc.): \_\_\_\_\_  
 \_\_\_\_\_

GENERAL QUESTIONS (Explain "yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied/restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
YOUR HEART HEALTH QUESTIONS	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? (i.e. electrocardiography (ECG) or echocardiography.		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
YOUR FAMILY'S HEART HEALTH QUESTIONS	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (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 problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "yes" answers here: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Athlete Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Village Christian School Preparticipation Physical Evaluation

**Physical Examination Form: Completed by an MD, DO, NP, or PA.**

Name: \_\_\_\_\_ Sex (circle): M / F Date of Birth: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**Physician Reminders**

1. Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, vape, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?

EXAMINATION										
Height:	Weight:	Blood Pressure:	/	(	/	)	Pulse:	Vision: R 20/	L 20/	Corrected: Y / N
MEDICAL								NORMAL	ABNORMAL FINDINGS	
<b>Appearance:</b> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)										
<b>Eyes, Ears, Nose, and Throat:</b> pupils equal, hearing										
<b>Lymph Nodes</b>										
<b>Heart<sup>1</sup>:</b> murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)										
<b>Lungs</b>										
<b>Abdomen</b>										
<b>Skin:</b> herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis										
<b>Neurological</b>										
MUSCULOSKELETAL								NORMAL	ABNORMAL FINDINGS	
<b>Neck</b>										
<b>Back</b>										
<b>Shoulder and Arm</b>										
<b>Elbow and Forearm</b>										
<b>Wrist, Hand, and Fingers</b>										
<b>Hip and Thigh</b>										
<b>Knee</b>										
<b>Leg and Ankle</b>										
<b>Foot and Toes</b>										
<b>Functional:</b> double leg squat test, single leg squat test, and box drop or step drop test										

<sup>1</sup>Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction, but with recommendations for further evaluation/treatment of: \_\_\_\_\_
- Medically eligible for certain sports: \_\_\_\_\_
- Not medically eligible, pending further evaluation: \_\_\_\_\_
- Not medically eligible for any sports

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to sports and can participate as outlined on this form. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of healthcare provider: \_\_\_\_\_ MD, DO, NP, or PA Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_