

Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2019-2020 Page 1 of 6 HISTORY FORM - Please be advised that this paper form is no longer the OHSAA standard. (Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.) Name Date of birth Sex _Sport(s) Emergency Contact: ___ Relationship_ _____ (Cell) ____ Phone (H) _(Email) _ Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking No If yes, please identify specific allergy below. Do you have any allergies? Medicines Pollens Stinging Insects Explain "Yes" answers below. Circle questions you don't know the answers to. Has a doctor ever denied or restricted your participation in sports for any Do you regularly use a brace, orthotics, or other assistive device? reason? Do you have a bone, muscle, or joint injury that bothers you? Do you have any ongoing medical conditions? If so, please identify Do any of your joints become painful, swollen, feel warm, or look red? below: Anemia Diabetes Infections Do you have any history of juvenile arthritis or connective tissue disease? Other: Have you ever spent the night in the hospital? 3 Have you ever had surgery? ingar andreament areas Have you ever passed out or nearly passed out DURING or AFTER Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Does your heart ever race or skip beats (irregular beats) during exercise? Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure □ A heart murmur ☐ High cholesterol □ A heart infection □ Kawasaki disease Other:

9.	Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10.	Do you get lightheaded or feel more short of breath than expected during exercise?		
11.	Have you ever had an unexplained seizure?		
12.	Do you get more tired or short of breath more quickly than your friends during exercise?		
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13.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15,	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16.	Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
NO.	Englight Suiseting	(Q:	1/6
17.	Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or game?		
18.	Have you ever had any broken or fractured bones or dislocated joints?		
19.	Have you ever had an injury that required x-rays, MRI, CT scan, injections,		

Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)

therapy, a brace, a cast, or crutches?

Have you ever had a stress fracture?

20,

26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27.	Have you ever used an inhaler or taken asthma medicine?	1	
28.	Is there anyone in your family who has asthma?	1	
29.	Were you born without or are you missing a kidney, an eye, a testicle (males),		
	your spleen, or any other organ?		T
30.	Do you have groin pain or a painful bulge or hemia in the groin area?		
31.	Have you had infectious mononucleosis (mono) within the past month?	T	
32.	Do you have any rashes, pressure sores, or other skin problems?	1	
33.	Have you had a herpes (cold sores) or MRSA (staph) skin infection?		
34.	Have you ever had a head injury or concussion?		
35.	Have you ever had a hit or blow to the head that caused confusion,	I	
1	prolonged headaches, or memory problems?	T	
36.	Do you have a history of selzure disorder or epilepsy?	 	
37.	Do you have headaches with exercise?		
38.	Have you ever had numbness, tingling, or weakness in your arms or		
	legs after being hit or falling?		
39.	Have you ever been unable to move your arms or legs after being hit or falling?		
40.	Have you ever become ill while exercising in the heat?	T	
41.	Do you get frequent muscle cramps when exercising?		
42.	Do you or someone in your family have sickle cell trait or disease?		
43.	Have you had any problems with your eyes or vision?		
44.	Have you had an eye injury?] .	
45.	Do you wear glasses or contact lenses?		
46.	Do you wear protective eyewear, such as goggles or a face shield?		
47.	Do you worry about your welght?		
48.	Are you trying to gain or lose weight? Has anyone recommended that you do?		
49.	Are you on a special diet or do you avoid certain types of foods?		
50.	Have you ever had an eating disorder?		
51.	Do you have any concerns that you would like to discuss with a doctor?		
52.	Have you ever had a menstrual period?		
53.	How old were you when you had your first menstrual period?	L	
54.	How many periods have you had in the last 12 months?	1	

	

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Student		Signature of parent/guardian	Date:	_
The student has family insurance	Yes No	If yes, family insurance company name and policy number:		



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PREPARTICIPATION PHYSICAL EVALUATION 2019-2020
THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

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LEASE COMPLETE <u>ONLY</u> IF YOUR STUDEN	T HAS SPECIAL NEEDS OF	R A DISABILIT	Υ.
e of Exam	D.I. (III		
me		rth	
A Age Grade Scribbi	sport(s)		
1. Type of disability			-
2. Date of disability			
Classification (if available)			
4. Cause of disability (birth, disease, accident/trauma, other)			
List the sports you are interested in playing			
	自己是自己的基础。 自己是自己的基础。	Vos.	6/16
6. Do you regularly use a brace, assistive device or prosthetic?			-
Do you use a special brace or assistive device for sports? Do you have any rashes, pressure sores, or any other skin problems?			
Do you have any rashes, pressure sores, or any other skin problems? Do you have a hearing loss? Do you use a hearing aid?			
Do you have a realing loss? Do you use a realing aid? Do you have a visual impairment?	·		
Do you have any special devices for bowel or bladder function?			
Do you have burning or discomfort when urinating?			
Have you had autonomic dysreflexia?			1
14. Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hyperthermia)	oothermia) illness?		
15. Do you have muscle spasticity.?			
16. Do you have frequent seizures that cannot be controlled by medication?			
Diagon indiagón if you have ever had any of the fallowing			
Please indicate if you have ever had any of the following.		, Mss	Q(a)
Please indicate if you have ever had any of the following. Atlantoaxial instability		7/55	Me.
Atlantoaxial instability X-ray evaluation for atlantoaxial instability		/195	101e
Atlantoaxial instability X-ray evaluation for atlantoaxial instability Dislocated joints (more than one)		765	Mie.
Atlantoaxial instability X-ray evaluation for atlantoaxial instability Distocated joints (more than one) Easy bleeding		765	Nie:
Atlantoaxial instability X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen		765	1316.
Atlantoaxial instability X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis		1/55	1816
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Atlantoaxial instability X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel		735	Me.
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Atlantoaxial instability X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder Numbness or tingling in arms or hands		765	Nie:
Atlantoaxial instability X-ray evaluation for atlantoaxial instability Distocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder Numbness or tingling in arms or hands Numbness or tingling in legs or feet		7/55	(Sto.
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Atlantoaxial instability X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder Numbness or tingling in arms or hands Numbness or tingling in legs or feet Weakness in arms or hands Weakness in legs or feet Recent change in coordination		195	(A)
			Nie.
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PHYSICAL EXAMINATION FORM

Name	 Date of birth	<u></u>

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, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - · Have you ever taken anabolic steroids or used any other performance 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 or use condoms?
 - Do you consume energy drinks?
- 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAUTH FULSIV				0), TE 0 = 212.	MINETON		77	
Height		Weight		□ Ma	ie	☐ Female		
BP /	(/) Pulse	Vision R 2	0/ L20	1	Corrected	_ Y _ N	
MEDICAL	· · · · · · · · · · · · · · · · · · ·				(GPAREL	AGMO)	संस्कृतिमधारस्य	
Appearance								
Marfan stigmata (kyphosco	liosis, high-arche	d palate, pectus exca	vatum, arachnodactyly,					
arm span > height, hyperla	xity, myopia, MVF	o, aortic insufficiency)						
Eyes/ears/nose/throat								
Pupils equal								
Hearing								
Lymph nodes								
Heart								
Murmurs (auscultation star	nding, supine, +/-	Valsalva)		İ				
Location of the point of ma	ximal impulse (Pi	MI)						
Pulses				}				
Simultaneous femoral and	radial pulses							
Lungs								
Abdomen								
Genitourinary (males only)								
Skin								
HSV, lesions suggestiv	e of MRSA, tine	ea corporis						
Neurologic								
MARCHE SHIELEWAL							·	
Neck								
Back							· ·	
Shoulder/arm			·					
Elbow/forearm								
Wrist/hand/fingers								
Hip/thigh								
Knee								
Leg/ankle								
Foot/toes								
Functional							-	
Duck walk, single leg h	ор					·		

^aConsider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third part present is recommended.

^{*}Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

PREPARTICIPATION PHYSICAL EVALUATION 2019-2020

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CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name	Sex ☐ M ☐ F Age	Date of birth
☐ Cleared for all sports without restriction		
☐ Cleared for all sports without restriction with recommer	ndations for further evaluation or treatment for	
☐ Not Cleared		
□ Pending further evaluation		
☐ For any sports		
Recommendations		
the school at the request of the parents. In the event the PPE. If conditions arise after the student has been clear consequences are completely explained to the athlete	ort(s) as outlined above. A copy of the physical exa hat the examination is conducted en masse at the sa ared for participation, the physician may rescind the (and parents/guardians).	student does not present apparent clinical am is on record in my office and can be made available to school, the school administrator shall retain a copy of the se clearance until the problem is resolved and the potential
Address		PhonePhone
EMERGENCY INFORMATION		, MD, DO, D.C., P.A. or A.N.P.
Personal Physician		ne
In case of Emergency, contact	Pho	ne
Allergies		
Other Information		
		<u> </u>