



Dominion Academy Athletic Department

Pre-Participation Physical Evaluation – History Form

STUDENT INFORMATION: (Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.)

Male Female

Student's Name _____ Date of Birth _____ Age _____ Sex _____ Grade (2016/2017) _____

Address _____ City _____ Zip Code _____

Varsity Soccer
 Junior High Basketball
 Varsity Basketball
 Cheerleading
 Intramural Soccer

Sports Interested in Playing _____

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional, including energy drinks and protein supplements) that you are currently taking

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

Medicines
 Pollens
 Food
 Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: Asthma Anemia Diabetes Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats during exercise?		
8. Has a doctor ever told you that you have a heart problem? If so, check all that apply: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Heart Infection <input type="checkbox"/> High Cholesterol <input type="checkbox"/> 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?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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 SIDS)?		
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 on your family had unexplained fainting, unexplained seizures or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
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 broke or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have had an x-ray for neck instability or atlantoaxial instability? (Down Syndrome or dwarfism)		

BONE AND JOINT QUESTIONS – CONINUED	Yes	No
22. Do you regularly use a brace, orthotics or other assistive device?		
23. Do you have a bone, muscle or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		
MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medications?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the past month?		
32. Do you have any rashes, pressure sores or other skin problems?		
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, prolonged headaches or memory problems?		
36. Do you have a history of seizure 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?		
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 weight?		
48. Are you trying to gain or lose weight? Has anyone recommended you do?		
49. Are you on a special diet or do you avoid certain types of food?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Answer	
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. 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 above questions are complete and correct.

Signature of Student _____ Signature of Parent _____ Date _____



Dominion Academy Athletic Department
Pre-Participation Physical Evaluation

The Athlete With Special Needs – Supplemental History Form

STUDENT INFORMATION: (Note: Please complete this form ONLY if your student has special needs or a disability.)

Student's Name, Date of Birth, Age, Sex (Male/Female), Grade (2016/2017), Sports Interested in Playing (Varsity Soccer, Junior High Basketball, Varsity Basketball, Cheerleading, Intramural Soccer)

Explain "Yes" answers below. Circle questions you don't know the answers to.

Table with 3 columns: Question (1-32), Yes, No. Questions include: 1. Type of disability, 2. Date of disability, 3. Classification, 4. Cause of disability, GENERAL QUESTIONS (5-15), HAVE YOU HAD ANY OF THE FOLLOWING (16-32).

Explain "Yes" answers here

Blank lines for explaining "Yes" answers to the questions above.

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, Date



Dominion Academy Athletic Department

Pre-Participation Physical Evaluation – Physician Form

STUDENT INFORMATION: (Note: This form is to be filled out by the medical examiner.)

Student's Name _____ Date of Birth _____ Age _____ Sex Male Female _____ Date of Physical Examination _____

PHYSICIAN REMINDERS

- 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?
 - 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 seatbelt, use a helmet or use condoms?
 - Do you consume energy drinks?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

PHYSICAL EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____	L20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	Normal	Abnormal Findings	MUSCULOSKELETAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back
Lymph Nodes			Shoulder/Arm
Heart Murmurs (auscultation standing, supine, +/- Valsalva) Location of the point of maximal impulse (PMI)			Elbow/Forearm
Pulses Simultaneous femoral and radial pulses			Wrist/Hand/Fingers
Lungs			Hip/Thigh
Abdomen			Knee
Genitourinary (males only)			Leg/Ankle
Skin HSV, lesions suggestive of MRSA, tinea corporis			Foot/Toes
Neurologic			Functional Duck Walk, Single Leg Hop

- Consider ECG, echocardiogram or referral to cardiology for abnormal cardiac history or exam
- Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.
- Consider GU exam if in private setting. Having third party present is recommended.

CLEARANCE FORM

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not Cleared
 Pending further evaluation For any sports For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician or medical examiner (print/type) _____ Phone Number _____ Date of Exam _____

Address _____

Signature of physician or medical examiner _____

MD, DO, D.C., P.A., or A.N.P.