



PRE-PARTICIPATION EXAMINATION FORM

Instructions for completing pre-participation (athletic)
Health Examination and Consent Form

COMPLETING THIS FORM:

- 1. PLEASE TYPE OR PRINT LEGIBLY
- 2. Parent/Guardian along with the student are to complete the Health History on page 3 and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms. The Health History is to be taken to the physical examination for the physician/provider to review.
- 3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
- 4. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM:

- 1. School personnel should review form to assure it is completed properly.
- 2. ORIGINAL copy is to be retained in school files.

A health examination must be performed annually and the Pre-participation Physical Evaluation Form must be completed before any student may participate in athletic activities sponsored by this Association. A Pre-participation Physical Evaluation Form along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practitioner (RNP) functioning within the legal scope of their practice.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.

Pre-Participation Health Examination Form, Updated November 11, 2019

Participant & Parental Disclosure and Consent Document



PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the Pre-participation Physical Evaluation Form.

Name of Student	School
Is the student covered by health/accident insurance?	□Yes □No
Name of health insurance provider	
If no insurance provider, explain	
CONSE	ENT FORM
Parent or Guardian Statement of Permission, Appr	
By signing below, I the parent or legal guardian of the	
	rticipating in the interscholastic athletic program at the rel to and from athletic contests and practice sessions.
 Further consent to treatment deemed necessary authorities for any illness or injury resulting fr 	
	rent in all sports participation. I further realize that ding such conditions as: fractures, brain injuries,
	his form will remain in the student's school. I agree that this evaluation, I will notify the school as soon as
signs, symptoms, and risks of sport related con	Concussion Management Policy and/or the policy of the
Parent or Guardian Name	Parent or Guardian Signature
Date	
Student Statement	
By signing below I acknowledge:	
	have not violated any of the eligibility rules and Association.
 My responsibility to report to my coaches and 	parent(s)/guardian(s) illness or injury I experience.
	written information regarding signs, symptoms, and vledge my responsibility to report to my coaches and f a concussion.

Signature of Student

 \overline{Date}



ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

Must be completed **every school year** by the athlete and parent prior to any try-out, practice, or athletic contest

		ATHLETE IN	FOF	RMATION			
thlete Name:				Date of	Exam: _		
port(s):							
irth date:	Age:	Grade in school		ol Gender:	Gender:School year:		
thlete Cell Phone No. ()	Ath	lete	Address:			
	EV	AMINATION: TO BE FILLE	:D O	LIT DV DUVEICIAN ONI V			
Height. Weight.					/ 0	/ Dody Fot (opt)	
Height: Weight:							
Vision: Left/_	Right	/ Correct	ed:	⊔ Yes ⊔ No	Pupils: U i	Equal □ Unequal	
Immunizations: Tetan	us	MMR		_ Hep B Chic	ckenpox		
GENERAL MEDICAL (please initial)			1	MUSCULOSKELETAL (pl	ease initi	al)	
	Normal	Abnormal Findings			Normal	Abnormal Findings	
Appearance (Marfan stigmata)				Neck			
Eyes/Ears/Nose/Throat (Pupils Equal, Hearing)				Back			
Lymph Nodes				Shoulder/ Arm			
Heart (murmurs)				Elbow/ Forearm			
Pulses (Simultaneous femoral and radial pulses)				Wrist/ Hand/ Fingers			
Lungs				Hip/ Thigh			
Abdomen				Knee			
Skin (HSV, MRSA, tinea corporis)				Leg/ Ankle			
Neurological				Foot/ Toes			
Genitourinary (males only)				Functional (Duck walk, single leg hop)			
ATHLETIC PARTICIP			5 ((Physician MUST selec	t one ite	m listed below)	
				ne following			
CLEARED PENDING NOT CLEARED FOR		•					
hysisian's Name:				Physician's Office Address			
hysician's Name: Please print) hysician Signature:				,			



ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

Must be completed **every school year** by the athlete and parent prior to any try-out, practice, or athletic contest

Athlete Name:	Date of Birth

MEDICAL HISTORY

wedicines: Please list at	ii or the prescription and over-the-cot	nter medicine and supplements (nerbai	and nutritional) that you are curre	anily taking

Allergies: Do you have any allergies?

No If yes, please identify specific allergy.

Medicines

Pollens

Stinging Insects

ANY "YES" RESPONSES MUST BE EXPLAINED IN FULL AFTER EACH QUESTION IN THE SPACE

Has a doctor ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical conditions? If so please identify below: Asthma Anemia Diabetes Infections Other: Have you ever spent the night in the hospital? Have you ever spent the night in the hospital? Have you ever had surgery? HEART HEALTH QUESTIONS ABOUT YOU	No No No	Do you cough, wheeze or have difficulty breathing during or after exercise? Have you ever used an inhaler or taken asthma medication? Is there anyone in your family who has asthma? Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? Do you have groin pain or a painful bulge or hernia in the groin area? Have you had infectious mononucleosis (mono) within the last month? Do you have any rashes, pressure sores, or other skin problems? Have you had a herpes or MRSA skin infection? Do you have a history of seizure disorder? Have you had any problems with your eyes or vision? Have you had any eye injuries? Do you wear glasses or contact lenses? Do you wear protective eye wear such as goggles, or a face shield? Do you worry about your weight? Are you trying to or has anyone recommended that you gain or lose weight?		
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Defibrillator? Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? BONE AND JOINT QUESTIONS Yes Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? Have you ever had any broken, fractured or dislocated bones? Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Have you ever had a stress fracture? Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive devices? Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		Are you on a special diet or do you avoid certain types of foods?		
near drowning? BONE AND JOINT QUESTIONS Yes Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? Have you ever had any broken, fractured or dislocated bones? Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Have you ever had a stress fracture? Have you ever had a stress fracture? Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive devices? Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		Have you ever had an eating disorder?		
Have you ever had an injury to a bone, muscle , ligament or tendon that caused you to miss a practice or a game? Have you ever had any broken, fractured or dislocated bones? Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Have you ever had a stress fracture? Have you ever had a stress fracture? Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive devices? Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		HEAT ILLNESS QUESTIONS	Yes	No
you to miss a practice or a game? Have you ever had any broken, fractured or dislocated bones? Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Have you ever had a stress fracture? Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive devices? Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?	No	Have you ever become ill while exercising in the heat?		<u> </u>
Have you ever had any broken, fractured or dislocated bones? Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Have you ever had a stress fracture? Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive devices? Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		Do you get frequent muscle cramps when exercising?		
therapy, a brace, a cast or crutches? Have you ever had a stress fracture? Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive devices? Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		Do you or someone in your family have sickle cell trait or disease?		
Have you ever had a stress fracture? Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive devices? Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		HEAD AND NECK HEALTH QUESTIONS	Yes	No
instability or atlantoaxial instability (down syndrome or dwarfism)? Do you regularly use a brace, orthotics, or other assistive devices? Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		Do you have headaches with exercise?		
Do you have a bone, muscle, or joint injury that bothers you? Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		Have you ever had a head injury or concussion?		
Do any of your joints become painful, swollen, feel warm or look red? Do you have any history of juvenile arthritis, or connective tissue disease?		Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?		
Do you have any history of juvenile arthritis, or connective tissue disease?		Have you ever had numbness, tingling, or weakness in your arms of legs after being hit or falling?		
, , , , , , , , , , , , , , , , , , , ,		Have you ever been unable to move your arms or legs after being hit or falling?		
Have you had any problems with pain, swelling, fracture, sprain, strain, or		FEMALES ONLY		
dislocation in any joint? Specify below if yes		When was your first menstrual period (age when started)?		
If yes, check the appropriate box and explain below:		When was your most recent menstrual period?		
□ Head □ Neck □ Shoulder □		How much time do you usually have from the start of one period to the start of and	other?	
□ Arm □ Elbow				
□ Finger □ Wrist		Have a constructed at the construction that it is a first of the construction of the c		
□ Hand □ Shin/Calf □ Thigh □ Knee □ Knee		How many periods have you had in the last year?		
OHipOAnkle		How many periods have you had in the last year? What was the longest time between periods in the last year?		