

**Athletic Pre-Participation Screening Exam 2020-2021**

The parent/guardian and student athlete will review and submit the Permit to Participate in Athletics (not this form) in the form of:  Electronic (SportsNet Online Registration)  Hard Copy

**Part 1:** (To be completed by student and parent/guardian)

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ Student ID # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Sport(s) \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_  
 Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**IMMUNIZATION RECORDS FOR THE ABOVE NAMED STUDENT MUST BE ATTACHED AND CURRENT AS REQUIRED BY CALIFORNIA STATE LAW INCLUDING THE Tdap VACCINE.**

**Health History** (must be complete prior to the exam)

<p>Please check</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p><b>Has this student had any:</b></p> <p>Hospitalization?</p> <p>Surgery other than removal of tonsils?</p> <p>Missing organs (eye, kidney, testicle, etc.)?</p> <p>Allergies (to medicines, insects, foods, etc.)?</p> <p>Chest pain or severe shortness of breath with exercise?</p> <p>Problems with blood pressure or heart (i.e. heart murmur)?</p> <p>Dizziness or fainting with exercise?</p> <p>Severe or frequent headaches?</p> <p>Concussion or loss of consciousness?</p> <p>Heat exhaustion, heat stroke or other problems with heat?</p> <p>Mono, hepatitis, hemophilia?</p> <p>Diabetes?</p> <p>Seizures/convulsions?</p>	<p>Please check</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p><b>Is there a history of:</b></p> <p>Neck or back injury?</p> <p>Knee injury?</p> <p>Shoulder or elbow injury?</p> <p>Ankle injury?</p> <p>Dislocation of a joint?</p> <p>Catching or locking of a joint?</p> <p>Broken bones/fractures?</p> <p>Ulcers or hernias?</p> <p>Stingers/burners?</p> <p>Skin problems?</p> <p><b>Further History</b></p> <p>Has any family member died suddenly at less than 40 years of age of causes other than an accident?</p> <p>Has any family member had a heart attack at less than 55 years of age?</p>
--	--	---	--

**Use this space to explain any yes answers to the above questions.**

**Parent's or guardian's acknowledgment:** I have reviewed and agree with the information presented on this form. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate and represent his or her school in supervised athletic activities.

\_\_\_\_\_  
Name of Parent/Guardian (Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Date

Name \_\_\_\_\_ Student # \_\_\_\_\_ Grade \_\_\_\_\_

**Athletic Pre-Participation Screening Exam Part 2:** General Exam (To be completed by examining physician)

	Normal	Abnormal (Describe)	Fill in Information:
Eyes, ears, nose, throat	<input type="checkbox"/>	_____	Pulse: _____
Skin	<input type="checkbox"/>	_____	BP: _____
Lungs	<input type="checkbox"/>	_____	Height: _____
Heart	<input type="checkbox"/>	_____	Weight: _____
Abdomen	<input type="checkbox"/>	_____	<b>Date of Physical Exam:</b>
Genitalia/Hernia (males)	<input type="checkbox"/>	_____	

**Suggested Musculoskeletal Exam**

**ROM STRENGTH**

Normal	Abnormal	Cervical/Spine	Normal	Abnormal	Lower Extremity
<input type="checkbox"/>	<input type="checkbox"/>	Flex/Ext	<input type="checkbox"/>	<input type="checkbox"/>	Hip
<input type="checkbox"/>	<input type="checkbox"/>	Rotation right/left	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors/Gluteals
<input type="checkbox"/>	<input type="checkbox"/>	Lateral flexion right/left	<input type="checkbox"/>	<input type="checkbox"/>	Add/Abd – Groin/TT
<input type="checkbox"/>	<input type="checkbox"/>	Thoracic	<input type="checkbox"/>	<input type="checkbox"/>	Int./Ext. Rotation
<input type="checkbox"/>	<input type="checkbox"/>	Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	Knee
<input type="checkbox"/>	<input type="checkbox"/>	Flex/Ext	<input type="checkbox"/>	<input type="checkbox"/>	Patellar Tendon
<input type="checkbox"/>	<input type="checkbox"/>	Rotation right/left	<input type="checkbox"/>	<input type="checkbox"/>	Tibial Tuberosity
<input type="checkbox"/>	<input type="checkbox"/>	Lateral Flexion	<input type="checkbox"/>	<input type="checkbox"/>	MCL/LCL
<input type="checkbox"/>	<input type="checkbox"/>	Abdominals/Obliques	<input type="checkbox"/>	<input type="checkbox"/>	ACL/PCL
		<b>Upper Extremity</b>	<input type="checkbox"/>	<input type="checkbox"/>	Cartilage Testing
<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Quads/Hamstrings
<input type="checkbox"/>	<input type="checkbox"/>	Forward Flexion/Ext.	<input type="checkbox"/>	<input type="checkbox"/>	Gast/Soleus Complex
<input type="checkbox"/>	<input type="checkbox"/>	Abduction/Adduction	<input type="checkbox"/>	<input type="checkbox"/>	Patella
<input type="checkbox"/>	<input type="checkbox"/>	Internal/Ext. Rotation	<input type="checkbox"/>	<input type="checkbox"/>	Crepitus
<input type="checkbox"/>	<input type="checkbox"/>	Horizontal Abd/Add	<input type="checkbox"/>	<input type="checkbox"/>	Tracking
<input type="checkbox"/>	<input type="checkbox"/>	A C Joint/Clavicle	<input type="checkbox"/>	<input type="checkbox"/>	Ankle
<input type="checkbox"/>	<input type="checkbox"/>	Stability Testing	<input type="checkbox"/>	<input type="checkbox"/>	Plantar/Dorsiflexion
<input type="checkbox"/>	<input type="checkbox"/>	Biceps Flex/Ext.	<input type="checkbox"/>	<input type="checkbox"/>	Inversion/Eversion
<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Subtalar Joint
<input type="checkbox"/>	<input type="checkbox"/>	Supination/Pronation	<input type="checkbox"/>	<input type="checkbox"/>	Ligament Testing
<input type="checkbox"/>	<input type="checkbox"/>	Wrist/Hand	<input type="checkbox"/>	<input type="checkbox"/>	Feet/Toes
		<b>General Flexibility</b>	<b>DOCTOR'S OFFICE STAMP HERE REQUIRED</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Hamstrings			
<input type="checkbox"/>	<input type="checkbox"/>	Quadriceps			
<input type="checkbox"/>	<input type="checkbox"/>	Lumbar Spine			
<input type="checkbox"/>	<input type="checkbox"/>	Achilles			

Use this space to describe abnormalities.

**Disposition:**

- Cleared for collision, contact, and non-contact sports
- Conditional participation, limited to: \_\_\_\_\_
- No participation until: (date) \_\_\_\_\_
- No participation in any sport or physical education because of: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_

**•PHYSICAL MUST BE PERFORMED BY A LICENSED, PRACTICING MD OR NP (No Chiropractors) & MUST BE VALID FOR THE DURATION OF THE 2020-2021 SCHOOL YEAR•**  
*Physical will be valid for 1 YEAR from the Date of Physical Exam.*