

Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2019-2020 HISTORY FORM

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ame				Date of birth		
	Age Grade School					
				,		
				Relationship		
-	H)(W)(C					
				plements (herbal and nutritional-including energy drinks/ protein supplements) that you a	are	٦
curre	ently taking					
Do y	rou have any allergies? Yes No If yes, please identify specific all	ergy bel	OW.			
	Medicines	Food		☐ Stinging Insects		
xplain	n "Yes" answers below. Circle questions you don't know the a	nswers	s to.			
GEN	ERAL QUESTIONS	Yes	No	BONE AND JOINT QUESTIONS - CONTINUED	Yes	
1.	Has a doctor ever denied or restricted your participation in sports for any reason?			22. Do you regularly use a brace, orthotics, or other assistive device?		╄
2.	Do you have any ongoing medical conditions? If so, please identify			 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? 		+
۷.	below: Asthma Anemia Diabetes Infections			25. Do you have any history of juvenile arthritis or connective tissue disease?		t
3.	Other: Have you ever spent the night in the hospital?			MEDICAL QUESTIONS	Yes	
<u>3.</u> 4.	Have you ever had surgery?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	162	f
	RT HEALTH QUESTIONS ABOUT YOU	Yes	No	27. Have you ever used an inhaler or taken asthma medicine?		1
5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?			Is there anyone in your family who has asthma? Were you born without or are you missing a kidney, an eye, a testicle (males),		F
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest			your spleen, or any other organ?		╁
0.	during exercise?			30. Do you have groin pain or a painful bulge or hernia in the groin area?	1	t
7.	Does your heart ever race or skip beats (irregular beats) during exercise?			31. Have you had infectious mononucleosis (mono) within the past month?		T
8.	Has a doctor ever told you that you have any heart problems? If so, check			32. Do you have any rashes, pressure sores, or other skin problems?		I
	all that apply:			33. Have you had a herpes (cold sores) or MRSA (staph) skin infection?		1
	☐ High blood pressure ☐ A heart murmur			34. Have you ever had a head injury or concussion?		-
	☐ High cholesterol ☐ A heart infection			35. Have you ever had a hit or blow to the head that caused confusion,		+
9.	☐ Kawasaki disease Other:			prolonged headaches, or memory problems? 36. Do you have a history of seizure disorder or epilepsy?		+
Э.	echocardiogram)			37. Do you have headaches with exercise?		+
10.	Do you get lightheaded or feel more short of breath than expected during			38. Have you ever had numbness, tingling, or weakness in your arms or		
	exercise?			legs after being hit or falling?		_
11. 12.	Have you ever had an unexplained seizure? Do you get more tired or short of breath more quickly than your friends			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?		+
12.	during exercise?			41. Do you get frequent muscle cramps when exercising?		+
HEAI	RT HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	42. Do you or someone in your family have sickle cell trait or disease?	1	+
13.	Has any family member or relative died of heart problems or had an			43. Have you had any problems with your eyes or vision?		T
	unexpected or unexplained sudden death before age 50 (including			44. Have you had an eye injury?		
	drowning, unexplained car accident, or sudden infant death syndrome)?			45. Do you wear glasses or contact lenses?		1
14.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			Do you wear protective eyewear, such as goggles or a face shield? Do you worry about your weight?	-	╀
	syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic			48. Are you trying to gain or lose weight? Has anyone recommended that you do?	1	+
	polymorphic ventricular tachycardia?			49. Are you on a special diet or do you avoid certain types of foods?	1	+
15.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			50. Have you ever had an eating disorder?		Ŧ
16.	Has anyone in your family had unexplained fainting, unexplained seizures,			FEMALES ONLY		
DO11	or near drowning?	V	NI.	52. Have you ever had a menstrual period?		
17.	E AND JOINT QUESTIONS Have you ever had an injury to a bone, muscle, ligament, or tendon that	Yes	No	53. How old were you when you had your first menstrual period?54. How many periods have you had in the last 12 months?		_
L	caused you to miss a practice or game?					
18. 19.	Have you ever had any broken or fractured bones or dislocated joints? Have you ever had an injury that required x-rays, MRI, CT scan, injections,			Explain "yes" answers here		
	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 you had an x-ray for neck					
	instability or atlantoaxial instability? (Down syndrome or dwarfism)	1	i l			



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

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			Data of high		
e	0	chool	Date of birth _		
Age	Grade So	CNOOI	Sροπ(s)		
Type of disability	1				
Date of disability	,				
Classification (if	available)				
	ty (birth, disease, accident/trauma, other	r)			
List the sports y	ou are interested in playing				
				Yes	No
	use a brace, assistive device or prosthe				
	ecial brace or assistive device for sports				
	rashes, pressure sores, or any other sk	cin problems?			
	earing loss? Do you use a hearing aid?				
	isual impairment?				
	y special devices for bowel or bladder fur	nction?			
	rning or discomfort when urinating?				
	utonomic dysreflexia?				
		rthermia) or cold-related (hypothermia) illness?			
5. Do you have mu					
6. Do you have fre Explain "yes" answer	quent seizures that cannot be controlled	by medication?			
Please indicate if you	have ever had any of the following				
Please indicate if you	have ever had any of the following.			Yes	No
	have ever had any of the following.			Yes	No
Atlantoaxial instability				Yes	No
Atlantoaxial instability X-ray evaluation for atl	antoaxial instability			Yes	No
Atlantoaxial instability K-ray evaluation for atl Dislocated joints (more	antoaxial instability			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding	antoaxial instability			Yes	No
Atlantoaxial instability K-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen	antoaxial instability			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo	antoaxial instability than one) rosis			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo	antoaxial instability than one) rosis wel			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling bo	antoaxial instability than one) rosis wel			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling bo Difficulty controlling bla Numbness or tingling i	antoaxial instability than one) rosis wel dder n arms or hands			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling be Difficulty controlling ble Numbness or tingling i	rosis wel idder n arms or hands n legs or feet			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling bo Difficulty controlling bla Numbness or tingling i Numbness or tingling i Weakness in arms or t	antoaxial instability than one) rosis wel idder n arms or hands n legs or feet iands			Yes	No
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Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling bo Difficulty controlling bla Numbness or tingling i Numbness or tingling i Weakness in arms or I Weakness in legs or fe Recent change in abili	antoaxial instability than one) rosis wel dder n arms or hands n legs or feet lands et ddination			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling be Numbness or tingling i Numbness or tingling i Weakness in arms or h Weakness in legs or fe Recent change in coor Recent change in abili Spina bifida	antoaxial instability than one) rosis wel dder n arms or hands n legs or feet lands et ddination			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling be Numbness or tingling i Numbness or tingling i Weakness in arms or I Weakness in legs or fe Recent change in coor Recent change in abili Spina bifida Latex allergy	antoaxial instability Than one) rosis wel dder n arms or hands n legs or feet ands et dination y to walk			Yes	No
Atlantoaxial instability K-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Disteopenia or osteopo Difficulty controlling be Numbness or tingling in Numbness or tingling in Neakness in arms or I Neakness in legs or fe Recent change in coor Recent change in abili Spina bifida Latex allergy	antoaxial instability Than one) rosis wel dder n arms or hands n legs or feet ands et dination y to walk			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling be Numbness or tingling i Numbness or tingling i Weakness in arms or I Weakness in legs or fe Recent change in coor Recent change in abili Spina bifida Latex allergy	antoaxial instability Than one) rosis wel dder n arms or hands n legs or feet ands et dination y to walk			Yes	No
Atlantoaxial instability X-ray evaluation for atl Dislocated joints (more Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteopo Difficulty controlling bo Difficulty controlling bla Numbness or tingling i Numbness or tingling i Weakness in arms or I Weakness in legs or fe Recent change in coor	antoaxial instability Than one) rosis wel dder n arms or hands n legs or feet ands et dination y to walk			Yes	No
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PREPARTICIPATION PHYSICAL EVALUATION 2019-2020

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PHYSICAL EXAMINATION FORM

1	Name	Date of birth	

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).

EXAMINATION	DATE OF EXAMINATION	l	
Height Weight	□ Male	□ Female	
BP / (/) Pulse Vision R 20	/ L20/	Corrected	□ Y □ N
MEDICAL	NORMAL	ABN	NORMAL FINDINGS
Appearance			
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly,			
arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat			
Pupils equal			
Hearing			
Lymph nodes			
Heart			
Murmurs (auscultation standing, supine, +/- Valsalva)			
Location of the point of maximal impulse (PMI)			
Pulses			
Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional			
Duck walk, single leg hop			

^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.

^eConsider 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 s	sports without restriction			
☐ Cleared for all	sports without restriction with recommendations for fur	ther evaluation or treatr	ment for	
☐ Not Cleared				
	Pending further evaluation			
	For any sports			
	For certain sports			
	Reason			
Recommendations	8			
contraindications the school at the PPE. If conditions consequences are	request of the parents. In the event that the exami s arise after the student has been cleared for parti- e completely explained to the athlete (and parents/	ed above. A copy of nation is conducted e cipation, the physiciar guardians).	the physical ex n masse at the n may rescind tl	am is on record in my office and can be made available to school, the school administrator shall retain a copy of the ne clearance until the problem is resolved and the potential
	or medical examiner (print/type)			
Address				Pnone
Signature of physic	cian/medical examiner			, MD, DO, D.C., P.A. or A.N.P.
EMERGENCY INF	ORMATION			
Personal Physician	1		Pho	one
In case of Emerger	ncy, contact		Pho	one
Allergies				
Other Information _				