

Other Tests (optional)

Auditory _____ U/A _____ EKG _____
% Body Fat _____ Drug Screen _____ Chest X-Ray _____
Hgb/Hct _____ SMAC _____ Marfan Screen _____

Assessment

- | | Clearance without limitation? | Sports |
|----|--------------------------------------|---------------|
| 1. | Clearance with limitation? | Limitation |
| 2. | Clearance deferred | Reason |
| 3. | Clearance with limitation? | Limitation |
| 4. | Disqualification | Reason |

Examination Date _____ Physician's Signature _____

Additional Comments:

STUDENT'S NAME _____

SCHOOL NAME _____



IHSAA Preparticipation Examination

To be completed by athlete or parent

Name Last First Middle Sport/Position _____
 Social Security Number _____
 School Year _____ Phone No. _____
 Address _____ City/State _____ Student ID No. _____
 Birthdate _____ Age _____ Class _____
 Parent's Name _____
 Address _____
 Phone No. _____
 Person to contact in case of emergency _____
 Phone No. _____ City/State _____
 Family Doctor _____
 Phone No. _____

Past Medical History

- | | Yes | No | If yes, please explain (what, where, when) |
|--|-------|-------|--|
| 1. Presently taking medication (including birth control pills) | _____ | _____ | _____ |
| 2. Allergic to medicine, foods, bee stings? | _____ | _____ | _____ |
| 3. Wears any appliances—glasses, contact lenses? | _____ | _____ | _____ |
| 4. History of braces, chipped teeth, bridges? | _____ | _____ | _____ |
| 5. Has ongoing medical problem? | _____ | _____ | _____ |
| 6. Had serious or significant illness in past? | _____ | _____ | _____ |
| 7. Any past surgical operations, accidents, non-sports or related injuries? | _____ | _____ | _____ |
| 8. Any past injuries directly related to sports? | _____ | _____ | _____ |
| 9. Any hospitalization not explained above? | _____ | _____ | _____ |
| 10. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)? | _____ | _____ | _____ |
| 11. Any serious family illness (such as diabetes, bleeding disorders, heart attack before age 50, etc.)? | _____ | _____ | _____ |
| 12. Any fainting or dizziness while exercising? | _____ | _____ | _____ |
| 13. Any loss of consciousness, concussion, or head injury? | _____ | _____ | _____ |
| 14. a. Last tetanus shot _____
b. Last dental examination _____
c. Last eye examination _____
d. Last menstrual period (if woman) _____ | _____ | _____ | Date _____ |

Personal habits

- | | Yes | No |
|--|-------|-------|
| 1. Smoking | _____ | _____ |
| 2. Smokeless tobacco | _____ | _____ |
| 3. Alcohol | _____ | _____ |
| 4. Non-Medical drugs: marijuana, cocaine, etc. | _____ | _____ |
| 5. Steroids | _____ | _____ |
| 6. Eating disorders—weight loss or gain | _____ | _____ |

Review of systems (Please check if you have any problems with any of the following areas of your body):

Skin _____ Lungs _____ Shoulders, Arms, _____
 Head _____ Heart _____ Hands _____
 Eyes _____ Abdomen _____ Hips, Legs, Feet _____
 Ears _____ Back _____ Muscles—Strength, _____
 Nose _____ Urination, _____ Feeling _____
 Mouth/Throat _____ Bowel Control _____ Mental, Emotional _____
 Nutrition, _____ Genital (including _____ Fatigue _____
 Weight Control _____ menstrual for women) _____ Other: What? _____
 Neck _____

I certify that the above information is correct to the best of my knowledge.

Student Signature _____
 Parent/Guardian Signature _____

Both Student And Parent/Guardian Signatures Are Mandatory

Physical Examination

Height _____ Weight _____ Blood Pressure _____
 Pulse: resting _____ 15 hops _____ after 2 minutes _____
 Visual Acuity: Eyes (R) 20/ _____ w/o glasses _____ (L) 20/ _____ w/ glasses _____

Other Testing

	Normal	Abnormal Findings
1. General	_____	_____
2. Skin	_____	_____
3. HEENT	_____	_____
4. Teeth (Dental examination)	_____	_____
5. Neck	_____	_____
6. Lungs	_____	_____
7. Heart	_____	_____
8. Breasts	_____	_____
9. Abdomen	_____	_____
10. Genitalia (Hernia)	_____	_____
Tanner Stage (optional)	_____	_____
11. Back	_____	_____
12. Musculoskeletal	_____	_____
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____
13. Peripheral Pulses	_____	_____
14. Neurologic	_____	_____
15. Mental Status	_____	_____