

SALINAS UNION HIGH SCHOOL DISTRICT

431 W. ALISAL ST, SALINAS, CA 93901

SCHOOL _____ STUDENT I.D.# _____

PREPARTICIPATION SCREENING FORM

NAME _____ SEX _____ AGE _____ DATE OF BIRTH _____

GRADE _____ SPORTS _____

Personal Physician _____ Physician's Phone Number _____

Explain "Yes" answers below:

Yes No

- 1. Have you ever been hospitalized?..... Yes No
- 2. Have you ever had surgery?..... Yes No
- 3. Are you presently taking any medications or pills?..... Yes No
- 4. Do you have any allergies (medicine, bees, or other stinging insects)?..... Yes No
- 5. Have you ever passed out or felt dizzy during or after exercise?..... Yes No
- 6. Have you ever had chest pain during or after exercise?..... Yes No
- 7. Do you tire more quickly than your friends during exercise?..... Yes No
- 8. Have you ever had high blood pressure?..... Yes No
- 9. Have you ever been told that you had a heart murmur?..... Yes No
- 10. Have you ever had racing of your heart or skipped heartbeats?..... Yes No
- 11. Has anyone in your family died of heart problems or a sudden death before age 50?..... Yes No
- 12. Do you have any skin problems (itching, rashes, acne)?..... Yes No
- 13. Have you ever had a head injury?..... Yes No
- 14. Have you ever been knocked out or unconscious?..... Yes No
- 15. Have you ever had a seizure?..... Yes No
- 16. Have you ever had a stinger, burner or pinched nerve?..... Yes No
- 17. Have you ever had heat or muscle cramps?..... Yes No
- 18. Have you ever been dizzy or passed out in the heat?..... Yes No
- 19. Do you have trouble breathing or do you cough after your activity?..... Yes No
- 20. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?..... Yes No
- 21. Have you had any problems with your eyes or vision?..... Yes No
- 22. Do you wear glasses, contacts or protective eye wear?..... Yes No
- 23. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling
or other injuries of any of the following bones or joints? Mark all that apply..... Yes No
 - Head Shoulder Thigh Neck Knee Chest Hip
 - Forearm Shin/Calf Back Wrist Hand Foot
- 24. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?..... Yes No
- 25. Have you had a medical problem or injury since your last evaluation?..... Yes No
 - 27. When was your last tetanus shot? _____
 - 28. When was your last measles immunization? _____
 - 29. When was your last menstrual period?. _____
 - 30. When was your first menstrual period? _____
 - 31. What was the longest time between your periods last year?. _____

Explain "Yes" answers: _____

I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Signature of Student _____ Signature of Parent _____

Date _____ Date _____

PHYSICAL EXAMINATION

Name of Student _____ Height _____ Weight _____ BMI _____

Blood Pressure #1 _____ #2 _____ #3 _____

Focused Exam	Normal	Abnormal findings	Initials
Heart			
Pulses (femoral)			
Musculoskeletal			
Neck			
Shoulders			
Elbows			
Wrists			
Hands			
Back			
Knees			
Ankles			
Feet			
Other			

CLEARANCE (circle one):

- Cleared with no restrictions
- Cleared with the following recommendations:

- NOT CLEARED. Needs further evaluation for:

COMMENTS:

DATE of exam: _____

Examiner's signature: _____ Name/License: _____

Co-signature: _____ Name/License: _____

Natividad Family Medicine Residency Program ** 1441 Constitution Blvd. Salinas, CA 93906 ** 831-755-4201

Adapted from Bernhardt et al. *Preparticipation Physical Evaluation 4th edition*. American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Orthopedic Society for Sports Medicine, American Osteopathic Academy of Sports Medicine, endorsed by America Heart Assoc, National Athletic Trainers Assoc, 2010