



Pre-participation Examination

To be completed by athlete or parent prior to examination.

Name _____ Last _____ First _____ Middle _____ Sport/Position _____

Social Security Number _____ School Year _____

Address _____

City/State _____ Phone No. _____

Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____

Address _____

Phone No. _____

Person to contact in case of emergency _____

Phone No. _____

Family Doctor _____ City/State _____

Phone No. _____

Past Medical History

	Yes	No	If yes, please explain (what, where, when)
1. Presently taking medication (including birth control pills)?	_____	_____	_____
2. Have you been diagnosed with asthma?	_____	_____	_____
3. Have you been prescribed by a physician to use any asthma medication?	_____	_____	_____
4. Do you have a current consent form to self-administer the asthma medication on file with your school?	_____	_____	_____
5. Allergic to medicine, foods, bee stings?	_____	_____	_____
6. Wears any appliances - glasses, contact lenses?	_____	_____	_____
7. History of braces, chipped teeth, bridges?	_____	_____	_____
8. Has ongoing medical problem?	_____	_____	_____
9. Had serious or significant illness in past?	_____	_____	_____
10. Any past surgical operations, accidents, non-sports or related injuries?	_____	_____	_____
11. Any past injuries directly related to sports?	_____	_____	_____
12. Any hospitalization not explained above?	_____	_____	_____
13. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?	_____	_____	_____
14. Any serious family illness (such as diabetes, bleeding disorders, etc.)?	_____	_____	_____
15. Family history of cancer?	_____	_____	_____
16. Heart	_____	_____	_____
Have you ever passed out during or after exercise?	_____	_____	_____
Have you ever had chest pain during or after exercise?	_____	_____	_____
Do you get tired more quickly than your friends do during exercise?	_____	_____	_____
Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____

Have you had high blood pressure or high cholesterol? _____ Yes _____ No _____ If yes, please explain (what, where, when)

Have you ever been told you have a heart murmur? _____

Has any family member or relative died of heart problems or of sudden death before age 50? _____

Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? _____

Has a physician ever denied or restricted your participation in sports for any heart problems? _____

Has anyone in your family had a heart attack before the age of 50? _____

17. Head and Nerve _____

Have you ever had a head injury or concussion? _____

Have you ever been knocked out, become unconscious, or lost your memory? _____

Have you ever had a seizure? _____

Do you have frequent or severe headaches? _____

Have you ever had numbness or tingling in your arms, hands, legs or feet? _____

Have you ever had a stinger, burner, or pinched nerve? _____

18. Last tetanus shot? _____ Date _____

19. Last eye exam? _____ Date _____

20. Last Menstrual period (if women) _____ Date _____

Personal Habits

1. Smoking/smokeless tobacco _____ Yes _____ No _____

2. Alcohol/non-medical drugs: marijuana, cocaine, etc. _____

3. Steroids _____

4. 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
Nose	_____	Back	_____	Muscle-Strength,
Mouth/Throat	_____	Urination,	_____	Feeling
Nutrition,	_____	Bowel Control	_____	Mental, Emotional
Weight Control	_____	Genital (including	_____	Fatigue
Neck	_____	menstrual for women)	_____	Other: What?

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 resting _____
 Visual Acuity: Eyes (R) 20/ _____ w/o glasses _____ (L) 20/ _____ w/glasses _____

Other Testing Normal Abnormal Findings

- General
- Skin
- HEENT
- Teeth (Dental Exam)
- Neck
- Lungs
- Heart (Sit and Stand)
- Abdomen
- Genitalia
- Musculoskeletal
- Neck
- Shoulder/Arm
- Elbow/Forearm
- Wrist/Hand
- Back
- Hip/Thigh
- Knee
- Shin/Calf
- Ankle/Leg
- Foot
- Peripheral Pulses
- Neurologic
- Mental Status
- Marfan Screen

Other Tests (optional)

Auditory _____	UV _____	EKG _____
% Body Fat _____	Drug Screen _____	Chest X-Ray _____
Hgb/Hct _____	SMAC _____	Tanner Stage _____

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.

Yes _____ No _____ Limited _____

Additional Comments: _____

Examination Date _____ Physician's Signature _____

Physician's Assistant Signature* _____

Advanced Nurse Practitioner's Signature* _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

Student's Name _____ School Name _____

Consent Form to Self-Administer Asthma Medication
 (not needed if current form is already on file with school)

Parent Consent

I, _____ do hereby give my son/daughter, _____ Permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Parent's Signature _____ Date _____

Physician Consent

As a patient under my care, _____ is prescribed to self-administer the following asthma medication.

Medication _____

Purpose _____

Dosage _____

Time/Special Circumstances _____

Physician's Signature _____ Date _____

IHSA Steroid Testing Policy Consent to Random Testing
 (This section for high school students only)

In January 2008, the Illinois High School Association's Board of Directors approved a plan developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing substances.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at http://www.ihsa.org/initiatives/sportsmedicine/files/IHSA_banned_drug_classes.pdf

Signature of student-athlete _____ Date _____

Signature of parent-guardian _____ Date _____

