## NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete's Name:		Age:	Sex:			_
This is a screening examination for participation in syour child's regular physician where important prev	sports. <u>This does not substitu</u>	ite for a compreh		<u>amina</u>	<u>ition</u> v	vith
Student-Athlete's Directions: Please review all ques	tions with your parent or lega	al custodian and a	nswer the	m to t	he bes	st of
your knowledge.  Parent/Legal Custodian Directions: Please assure the understand or are unsure about the answer to a question child at risk during sports activity.  Physician's Directions: We recommend corefully revenue.	on please ask your doctor. No	t disclosing accur	ate inforn	nation	may	put you
Physician's Directions: We recommend carefully rev  Explain "Yes" or "Unsure" answers in the space provi				Yes	No	Unsure
1. Does the student-athlete have any chronic medical illne						
etc.]? List:	sses [diadetes, astillia (exercise	astillia), kidiley pi	obienis,			
2. Is the student-athlete presently taking any medications	s or pills?					
3. Does the student-athlete have any allergies (medicine,	bees or other stinging insects, l	atex)?				
4. Does the student-athlete have the sickle cell trait?						
5. Has the student-athlete ever had a head injury, been ke						
6. Has the student-athlete ever had a heat injury (heat str						
7. Has the student-athlete ever passed out or nearly passed		on or startle?				
8. Has the student-athlete ever fainted or passed out AFT		0 4 1311	``			
9. Has the student-athlete had extreme fatigue (been real			1)?			
10. Has the student-athlete ever had trouble breathing dur		ercise?				
11. Has the student-athlete ever been diagnosed with exer						
12. Has a doctor ever told the student-athlete that they have						
13. Has a doctor ever told the student-athlete that they have		1 11 1	. 11.1			
14. Has a doctor ever ordered an EKG or other test for the	e student-athlete's heart, or has t	he athlete ever beer	told they			
have a heart murmur?	. 1. 1 . 1	· ·	1 1 1 0	_		_
15. Has the student-athlete ever had discomfort, pain, or p	pressure in his chest during or at	ter exercise or com	plained of			
their heart "racing" or "skipping beats"?  16. Has the student-athlete ever had a seizure or been diag	magad with an unavalained sain	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
17. Has the student-athlete ever had a stringer, burner or particle.		ure problem?				
18. Has the student-athlete ever had any problems with th						+ -
19. Place a check beside each body part that the student-a		dislocated fractur	rod.			_
broken had repeated swelling in or had any other type		· ·	cu,			
☐ Head ☐ Shoulder ☐ Thigh ☐ Neck		□ Chest □ I	lin			
☐ Forearm ☐ Shin/calf ☐ Back ☐ Wrist			пр			
20. Has the student-athlete ever had an eating disorder, or			eight?			
21. Has the student-athlete ever been hospitalized or had		reating nations of w	eigiit.		<u> </u>	+=
22. Has the student-athlete had a medical problem or inju	<u> </u>				<u> </u>	+=
23. (Place a check beside each statement that applies to the		ne snace provided h	elow)			_
☐ 1. Has the student-athlete had little interest or pleasure in		ie space provided o	C10 W ).			
☐ 2. Has the student-athlete been feeling down, depressed.		eks in a row?				
☐ 3. Has the student-athlete been feeling bad about himsel			own?			
☐ 4. Has the student-athlete had thoughts that he/she woul						
	Y HISTORY					
24. Has any family member had a sudden, unexpected dea		m sudden infant dea	ıth			
syndrome [SIDS], car accident, drowning)?	•			_	_	_
25. Has any family member had unexplained heart attacks	s, fainting or seizures?					
26. Does the athlete have a father, mother or brother with	sickle cell disease?					
Explain "yes" or "unsure" answers here:						
By signing below, I agree that I have reviewed an						
completely and is correct to the best of my know		rent or legal cus	stodian, l	give	conse	ent for
this examination and give permission for my chi	d to participate in sports.					
Signature of parent/legal custodian:	Date:	Phot	ne #:			
01 0.1.11	<b>.</b>					
	Date			40.0= =		,
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tudent-Athlete's Na	me:		Ag	e:	Date	of Birth:	
Height:	_Weight:	BP	( % ile)	/	(	% ile) Pulse:	
/ision: R 20/	_L 20/	Corrected: Y N					
hysical Examinatio	n (Below Must	be Completed by	Licensed Physi	ician,	Nurse I	Practitioner or Physician	Assista
		se are required ele					
	NORMAL	ABNORMAL				AL FINDINGS	
PULSES							
HEART							
LUNGS							
SKIN							
NECK/BACK							
SHOULDER							
KNEE							
ANKLE/FOOT							
Other Orthopedic							
Problems							
	Optio	nal Examination E	Clements – Shoul	d be d	one if his	story indicates	
HEENT							
ABDOMINAL							
GENITALIA (MALES)							
HERNIA (MALES)							
☐ D. Not cleared for	:: Collision	☐ Contact					
	☐ Non-contac	tStrenuou			nuous	Non-strenuous	
ie to:							
ame of Physician/Exto	ender:				(Pleas	e print)	
gnature of Physician/Extender:					MD I	OO PA NP (Please circle)	
oth signature and circle o	f designated degree	required)					
te of Examination: _					Dhy.ai -	ion Office Stown	
ldress:					Physic	ian Office Stamp	
none:							

parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

<sup>(\*\*\*</sup> The following are considered disqualifying until appropriate medical and