

Alliance Christian Academy
Pre-participation Medical History

DATE OF EXAM: _____

The medical History form must be completed every school year by the parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name _____ Phone _____
Address _____ City _____
Grade _____ Sex _____ Age _____ Date of Birth _____
Personal Physician _____ Phone _____

Explain "Yes" answers on an additional sheet. Circle questions you don't know the answers to. Any yes answer to questions 1, 2, 5-15, 17-22, 29 or 37 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, or nurse practitioner is required before any participation in CSAF/TCAF practices, games or matches.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	29. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	30. Do you use any special protective or corrective equipment or devices that aren't usually used for sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you had any other problems with pain or swelling in your muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
8. Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
9. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
10. Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
11. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin
12. Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Calf
13. Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	<input type="checkbox"/> Ankle
14. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	35. Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	37. Record the dates of your most recent immunizations for :	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? _____ When was the last concussion? _____ How severe was each one? _____	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____		
19. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	38. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females only:		
21. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	39. When was your first menstrual period?	_____	
22. Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	40. When was your most recent menstrual period?	_____	
23. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	41. How much time do you usually have from the start of one period to the start of another?	_____	
24. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	42. How many periods have you had in the last year?	_____	
25. Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>	43. What was the longest time between periods in the last year?	_____	
26. Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>			
27. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions 5-15 above), as identified on the form, should be restricted from further participation until the individual is examined by the individual's primary care physician. Ultimately, the individual may need to be evaluated by a cardiologist and/or undergo cardiac testing (including echocardiogram and/or other heart-related examinations) based on the assessment by the primary care physician.

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither TCAF, CSAF nor Alliance Christian Academy assumes responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

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

Student Signature _____ Parent Signature _____ Date _____

Pre-participation Physical Evaluation & Examination

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ %Body fat (optional) _____ Pulse _____ BP _____/_____(_____/_____, ____/____)

Vision: right - 20/____ left - 20/____ Corrected: Yes or No Pupils: Equal _____ Unequal _____

Hearing: right _____ left _____

As a minimum requirement, this **Physical Evaluation & Examination** form must be completed prior to athletic participation every year. It **must** be completed if there are yes answers to specific questions on the student's **Medical History** form. Local district policy may require an annual physical exam.

	Normal	Abnormal Findings	Initials *
MEDICAL			
- Appearance			
- Eyes/Ears/Nose/Throat			
- Lymph Nodes			
- Heart-Auscultation of the heart in the supine position			
- Heart-Auscultation of the heart in the standing position			
- Heart-Lower extremity pulses			
- Pulses			
- Lungs			
- Abdomen			
- Genitalia (males only)			
- Skin			
MUSCULOSKELETAL			
- Neck			
- Back –check for Scoliosis			
- Shoulder/Arm			
- Elbow/Forearm			
- Wrist/Hand			
- Hip/Thigh			
- Knee			
- Leg/Ankle			
- Foot			

* station-based examination only

CLEARANCE☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: _____☐ Not cleared for: _____

Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a physician, physician assistant licensed by a State Board of Physician Assistant Examiners, a registered nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Name (print/type) _____ Date of examination _____

Address _____

Phone number _____

Signature _____

Must be completed before a student participates in any practice, before, during or after school, both in season or out of season, or in games/matches.