Alliance Christian Academy 2020-2021
Pre-participation Medical History

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
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
3.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
4.	Do you have any allergies (for example, to pollen, medicine, food or stinging insects)?	☐	☐
5.	Have you ever passed out during or after exercise?	☐	☐
6.	Have you ever been dizzy during or after exercise?	☐	☐
7.	Have you ever had chest pain during or after exercise?	☐	☐
8.	Do you get tired more quickly than your friends do during exercise?	☐	☐
9.	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
10.	Have you had high blood pressure or high cholesterol?	☐	☐
11.	Have you ever been told you have a heart murmur?	☐	☐
12.	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
13.	Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?	☐	☐
14.	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
15.	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
16.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
17.	Have you ever had a head injury or concussion?	☐	☐
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? _____ _____	☐	☐
19.	Have you ever had a seizure?	☐	☐
20.	Do you have frequent or sever headaches?	☐	☐
21.	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
22.	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
23.	Have you ever become ill from exercising in the heat?	☐	☐
24.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
25.	Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
26.	Do you have asthma?	☐	☐
27.	Do you have seasonal allergies that require medical treatment?	☐	☐

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.

		Yes	No
28.	Have you had any problems with your eyes or vision?	☐	☐
29.	Are you missing any paired organs?	☐	☐
30.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
31.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
32.	Have you broken or fractured any bones or dislocated any joints?	☐	☐
33.	Have you had any other problems with pain or swelling in your muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below.		
	☐ Head ☐ Elbow ☐ Hip ☐ Neck ☐ Forearm ☐ Thigh ☐ Back ☐ Wrist ☐ Knee ☐ Chest ☐ Hand ☐ Shin ☐ Shoulder ☐ Finger ☐ Calf ☐ Upper Arm ☐ Foot ☐ Ankle		
34.	Do you want to weigh more or less than you do now?	☐	☐
35.	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
36.	Do you feel stressed out?	☐	☐
37.	Record the dates of your most recent immunizations for : Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____	☐	☐
38.	Are you under a doctor's care?	☐	☐

Females only:

39. When was your first menstrual period? _____
40. When was your most recent menstrual period? _____
41. How much time do you usually have from the start of one period to the start of another? _____
42. How many periods have you had in the last year? _____
43. What was the longest time between periods in the last year? _____

It is understood that even though protective equipment is warn 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.