NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete's Name:

Age: Sex:

This is a screening examination for participation in sports. <u>This does not substitute for a comprehensive examination</u> with your child's regular physician where important preventive health information can be covered.

Student-Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent/Legal Custodian Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems,	Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed.	Yes	No	Unsure		
etc. [7] List:	1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems,	Π				
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?	etc.]? List:					
4. Does the student-athlete have the sickle cell trait?	2. Is the student-athlete presently taking any medications or pills?					
5. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cranges with activities?						
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?						
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?			u l		
8. Has the student-athlete ever fainted or passed out AFTER exercise?	6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?					
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)?	7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion or startle?					
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise? 11. Has the student-athlete ever been diagnosed with exercise-induced asthma? 12. Has a doctor ever told the student-athlete that they have a heart infection? 13. Has a doctor ever told the student-athlete that they have a heart infection? 14. Has a doctor ever ordered an EKG or other test for the student-athlete is heart, or has the athlete ever been told they have a heart infection? 14. Has a doctor ever ordered an EKG or other test for the student-athlete is heart, or has the athlete ever been told they have a heart murnur? 15. Has the student athlete ever had a seconfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"? 16. Has the student athlete ever had a seizure or been diagnosed with an unexplained seizure problem? 17. Has the student athlete ever had a stinger, burner or pinched nerve? 18. Has the student athlete ever had a stinger, burner or pinched nerve? 19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any orbiter type of injury to any bones or joints? 19. Place a check beside each body part that the student athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any orbiter type of injury to any bones or joints? 19. Head Shoulder 11. Has the student-athlete ever had a neating disorder, or are there concerns about his/her eating habits or weight? 11. Has the student-athlete ever had a medical problem or injury since their last evaluation? 20. Has the student-athlete had a medica	8. Has the student-athlete ever fainted or passed out AFTER exercise?					
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?	9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)?					
12. Has a doctor ever told the student-athlete that they have high blood pressure? Image: constraint of the student athlete that they have a heart infection? 13. Has a doctor ever told the student athlete that they have a heart infection? Image: constraint of the student athlete that they have a heart infection? 14. Has a doctor ever told the student athlete that they have a heart infection? Image: constraint of the student athlete ever had a science for the student athlete's heart, or has the athlete ever head a science or been diagnosed with an unexplained science problem? Image: constraint of the student athlete ever had a science or been diagnosed with an unexplained science problem? Image: constraint of the student athlete ever had a science or been diagnosed with an unexplained science problem? Image: constraint of the student athlete ever had a science or been diagnosed with an unexplained science problem? Image: constraint of the student athlete ever had a science or been diagnosed with an unexplained science problem? Image: constraint of the student athlete ever? 18. Has the student athlete ever had a science, burner or prinched nerve? Image: constraint of the student athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? Image: constraint of the student athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? 19. Place a check beside each body part that the student athlete has ever are ather athlete ever had a reating disorder, or are there concerns about his/her eating habits or weight? Image: co	10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise?					
13. Has a doctor ever told the student-athlete that they have a heart infection? Image: Imamatex: Imamatex: Image: Image: Image: Image: Image: Im	11. Has the student-athlete ever been diagnosed with exercise-induced asthma?					
14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murnur? Image: a heart murnur? 15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"? Image: a heart murnur? 16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem? Image: a murnur? 17. Has the student-athlete ever had a stigger, burner or pinched nerve? Image: a murnur? 18. Has the student-athlete ever had any problems with their eyes or vision? Image: a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? Image: a murnur and the student-athlete ever had any other type of injury to any bones or joints? 19. Place a check beside each body part that the student athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? Image: a murnur and the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? Image: a murnur and a murnur and a medical problem or injury since their last evaluation? 20. Has the student-athlete ever been hospitalized or had surgery? Image: a check beside each statement that applies to the student-athlete, elaborate in the space provided below). Image: a murnur and a student-athlete had integes or places for more than 2 weeks in a row?	12. Has a doctor ever told the student-athlete that they have high blood pressure?					
have a heart murmur? 15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"? 16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	13. Has a doctor ever told the student-athlete that they have a heart infection?					
have a heart murmur? 15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"? 16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they					
their heart "racing" or "skipping beats"? 16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem? 17. Has the student-athlete ever had a stinger, burner or pinched nerve? 18. Has the student-athlete ever had an y problems with their eyes or vision? 19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? 19. Hace a Shoulder Thigh 11. Head Shoulder 11. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? 11. Has the student-athlete ever had an medical problem or injury since their last evaluation? 12. Has the student-athlete had a medical problem or injury since their last evaluation? 13. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). 13. Has the student-athlete had a medical problem or injury since their last evaluation? 14. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? 13. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? 14. Has the student-athlete had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 24. Has any family member had unexplained heart atta	have a heart murmur?	-		_		
their heart "racing" or "skipping beats"? 16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem? 17. Has the student-athlete ever had a stinger, burner or pinched nerve? 18. Has the student-athlete ever had an y problems with their eyes or vision? 19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? 19. Hace a Shoulder Thigh 11. Head Shoulder 11. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? 11. Has the student-athlete ever had an medical problem or injury since their last evaluation? 12. Has the student-athlete had a medical problem or injury since their last evaluation? 13. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). 13. Has the student-athlete had a medical problem or injury since their last evaluation? 14. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? 13. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? 14. Has the student-athlete had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 24. Has any family member had unexplained heart atta	15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of					
17. Has the student-athlete ever had a stinger, burner or pinched nerve? Image: Constraint of the student of t	their heart "racing" or "skipping beats"?					
18. Has the student-athlete ever had any problems with their eyes or vision? Image: Constraint of the student	16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem?					
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? Head Shoulder Thigh Neck Elbow Knee Chest Hip Proceam Shoulder Back Wrist Ankle Hand Forein 20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? 11. Has the student-athlete ever been hospitalized or had surgery? 22. Has the student-athlete had a medical problem or injury since their last evaluation? 23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). 11. Has the student-athlete had little interest or pleasure in doing things? 22. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? 4. Has the student-athlete had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures?	17. Has the student-athlete ever had a stinger, burner or pinched nerve?					
broken had repeated swelling in or had any other type of injury to any bones or joints? Head Shoulder Thigh Neck Elbow Knee Chest Hip Forearm Shin/calf Back Wrist Ankle Hand Foot Other: 20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? I Has the student-athlete ever been hospitalized or had surgery? Has the student-athlete ever been hospitalized or had surgery? Has the student-athlete had a medical problem or injury since their last evaluation? Chest each statement that applies to the student-athlete, elaborate in the space provided below). Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? Has the student-athlete had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? Has any family member had unexplained heart attacks, fainting or seizures? 						
 Head Shoulder Thigh Neck Elbow Knee Chest Hip Forearm Shin/calf Back Wrist Ankle Hand Foot Other: Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? Has the student-athlete ever been hospitalized or had surgery? Has the student-athlete had a medical problem or injury since their last evaluation? (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). Has the student-athlete had little interest or pleasure in doing things? Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves? FAMILY HISTORY Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? Has any family member had unexplained heart attacks, fainting or seizures? 	19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured,					
□ Foream □ Shin/calf □ Back □ Wrist □ Ankle □ Hand □ Foot Other: □ □ 20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? □						
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? 1 21. Has the student-athlete ever been hospitalized or had surgery? 1 1 22. Has the student-athlete had a medical problem or injury since their last evaluation? 1 1 23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). 1 1 11. Has the student-athlete had little interest or pleasure in doing things? 2 2 4 23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). 1 1 11. Has the student-athlete had little interest or pleasure in doing things? 2 2 4 24. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? 4 4 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 2 4 25. Has any family member had unexplained heart attacks, fainting or seizures? 1 1						
21. Has the student-athlete ever been hospitalized or had surgery? Image: Constraint of the student of the stu						
22. Has the student-athlete had a medical problem or injury since their last evaluation? Image: Constraint of the student of	20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight?					
 23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). 1. Has the student-athlete had little interest or pleasure in doing things? 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves? FAMILY HISTORY 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures? 						
 □ 1. Has the student-athlete had little interest or pleasure in doing things? □ 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? □ 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? □ 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves? FAMILY HISTORY 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures? 						
 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves? FAMILY HISTORY 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures? 	23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below).					
 □ 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? □ 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves? FAMILY HISTORY 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures? 	1. Has the student-athlete had little interest or pleasure in doing things?					
 □ 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? □ 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves? FAMILY HISTORY 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures? 	2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row?					
□ 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves? FAMILY HISTORY 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures? □ □	3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down?					
FAMILY HISTORY 24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures?	4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves?					
syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures?	FAMILY HISTORY					
syndrome [SIDS], car accident, drowning)? 25. Has any family member had unexplained heart attacks, fainting or seizures?	24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death					
	syndrome [SIDS], car accident, drowning)?	-		_		
26. Does the athlete have a father, mother or brother with sickle cell disease?						
	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 and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Date: ____

Signature of parent/legal custodian: _____ D

Date: _____ Phone #:

Signature of Athlete:

Rev: May 2016

Approved for 2018-19 School Year

Student-Athlete's Name):		Ag	;e:	Date of Birth:	_
Height:W	/eight:	BP	(% ile	<u>.)</u> /	<u>(% ile)</u> Pulse:	
Vision: R 20/L						
A A A A A A A A A A A A A A A A A A A		· · · · · · · · · · · · · · · · · · ·			urse Practitioner or Physician A	<u>ssistan</u>
			elements for all e			
PULSES	NORMAL A	ABNORMAL		ABN	ORMAL FINDINGS	
HEART			· · · · · · · · · · · · · · · · · · ·			
LUNGS					· · · · · · · · · · · · · · · · · · ·	
SKIN	-			· · · · · · · · · · · · · · · · · · ·		,
NECK/BACK						
SHOULDER	+	· · · ·				
KNEE			·			
ANKLE/FOOT					· · · · · · · · · · · · · · · · · · ·	
Other Orthopedic					· · · · · · · · · · · · · · · · · · ·	
Problems						
	Optiona	l Examination	n Elements – Shou	ld be done	if history indicates	
HEENT					in motory indicates	
ABDOMINAL						
GENITALIA (MALES)						
HERNIA (MALES)						
Clearance: A. Cleared B. Cleared after comp *** C. Medical Waiyay						
D. Not cleared for:						
U. Not cleared for:	Collision	Contact Strenu	HOUS Moderat	altr attenues	18Non-strenuous	
Due to:				ely strenuor	18INON-STFENUOUS	
			-			
	-				· · · · · · · · · · · · · · · · · · ·	
Additional Recommendati	one/Rehab Instru	uctions:			₩₩ ⁻ / ⁻	
					· · · ·	
······································	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
ame of Physician/Extend	er:				(Please print)	
ignature of Physician/Ext					MD DO PA NP (Please circle)	
Both signature and circle of de	•					
ate of Examination:				T	hysician Office Stamp	•
ddress:				г	nyaotan Omee Biamp	
			-			
Phone:					· ·	

(*** The following are considered disqualifying until appropriate medical and

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 ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors. Rev: May 2016 Page 2 of 2 Approved for 2018-19 School Year