To be completed by athlete or parent prior to examination.

Name

Last

First

Middle

School Year

Address

City/State

Phone No.

Birthdate

Age

Class

Student ID No.

Parent’s Name

Phone No.

Address

City/State

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

<table>
<thead>
<tr>
<th>Medicines and Allergies</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pollens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stinging Insects</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?  
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:  
3. Have you ever spent the night in the hospital?  
4. Have you ever had surgery?  
5. Have you ever passed out or nearly passed out DURING OR AFTER exercise?  
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  
7. Does your heart ever race or skip beats (irregular beats) during exercise?  
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:  
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  
10. Do you get lightheaded or feel more short of breath than expected during exercise?  
11. Have you ever had an unexplained seizure?  
12. Do you get more tired or short of breath more quickly than your friends during exercise?  

HEART HEALTH QUESTIONS ABOUT YOU

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?  
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  
18. Have you ever had any broken or fractured bones or dislocated joints?  
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  
20. Have you ever had a stress fracture?  
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)  
22. Do you regularly use a brace, orthotics, or other assistive device?  
23. Do you have a bone, muscle, or joint injury that bothers you?  
24. Do any of your joints become painful, swollen, feel warm, or look red?  
25. Do you have any history of juvenile arthritis or connective tissue disease?

Explain "Yes" answers here

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

Signature of athlete

Signature of parent/guardian

Date

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## Pre-participation Examination

### PHYSICAL EXAMINATION FORM

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height/Weight</td>
<td>Male/Female</td>
<td>BP / / ( / )</td>
</tr>
</tbody>
</table>

### MEDICAL

**Appearance**
- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

**Eyes/ears/nose/throat**
- Pupils equal
- Hearing

**Lymph nodes**

**Heart**
- Murmurs (auscultation standing, supine, +/- Valsalva)
- Location of point of maximal impulse (PMI)

**Pulses**
- Simultaneous femoral and radial pulses

**Lungs**

**Abdomen**

**Genitourinary (males only)**
- HSV, lesions suggestive of MRSA, tinea corporis

**Skin**
- Duck-walk, single leg hop

*M: Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
*N: Consider GU exam if in private setting. Having third party present is recommended.
*C: Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child’s participation in interscholastic sports for 395 days from this date.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Limited</th>
<th>Examination Date</th>
</tr>
</thead>
</table>

Additional Comments:

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.

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### IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student’s high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.


| Signature of student-athlete | Date | Signature of parent-guardian | Date |