OACSD PRE-PARTICIPATION HEALTH UPDATE

NAME_____ DATE_____ SEX_____ AGE_____ GRADE_____

SPORT_____ PERSONAL PHYSICIAN_____

PHYSICIAN ADDRESS_____

COMPLETE THIS SECTION FOR EACH SPORT OF EACH SCHOOL YEAR

	YES	NO	IF YES, DATE AND DESCRIPTION
1. Have you ever been hospitalized?	____	____	_____
2. Have you had surgery?	____	____	_____
3. Have you been treated in an emergency room?	____	____	_____
4. Any injury requiring medical attention?	____	____	_____
5. Illness requiring Physician's care?	____	____	_____
6. Are you presently taking any medication?	____	____	_____
7. Do you have any allergies?	____	____	_____
8. Feeling of faintness or dizziness with exercise?	____	____	_____
9. Chest pain during or after exercise?	____	____	_____
10. Do you tire more quickly than your friends during exercise?	____	____	_____
11. Have you ever had high blood pressure?	____	____	_____
12. Have you ever been told that you have a heart murmur?	____	____	_____
13. Have you ever had racing of your heart or skipped heartbeats?	____	____	_____
14. Have any or your relatives died of heart problems or sudden death before the age of 50?	____	____	_____
15. Have you had a head injury or diagnosed with a concussion?	____	____	_____
16. Have you ever been knocked out or unconscious?	____	____	_____
17. Have you ever had a seizure?	____	____	_____
18. Have you ever had a stinger, burner,or pinched nerve?	____	____	_____
19. Have you ever had heat illness?	____	____	_____
20. Have you have trouble breathing or coughing during or after activity?	____	____	_____
21. Do you use any special equipment(pads, braces, eye guards, neck rolls, contacts, glasses)?	____	____	_____
22. Have you had difficulty with eye, vision or hearing?	____	____	_____
23. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any bones or joints.	____	____	_____
24. Have you ever had a medical problems (Diabetes, infectious mononucleosis,etc)?	____	____	_____
25. <u>Have you had any medical problem or injury since your last physical</u>?	____	____	_____
26. Are you missing an eye or kidney?	____	____	_____

Girls: When was your first menstrual period? _____ When was your last? _____

Boys: Do you have an undescended or missing testicle? _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct. I also agree to <u>Emergency Medical treatments as deemed necessary by the designated school authorities.</u>

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

NAME: _____ SCHOOL/SPORT: _____

HEIGHT: _____ WEIGHT: ____ VISION: R ___ / L ___ CORRECTED Y N

BLOOD PRESSURE: _____ Pulse/Respiration _____ Body Mass Index _____

MEDICAL

SKIN:

HEENT:

HEART/LUNGS:

NEURO:

SCOLIOSIS:

ABD:

GENITAL:

TANNER:

Weight Status Category
(Based on BMI % for age & gender)

- ☐ less than 5th
- ☐ 5th through 49th
- ☐ 50th through 84th
- ☐ 85th through 94th
- ☐ 95th through 98th
- ☐ 99th and higher

FLEXIBILITY

CERVICAL:

UE:

LB

OTHER:

HIP FLEXORS:

HAMSTRINGS:

ACHILLES:

Specify Current Diseases
(Check ALL that apply)

- ☐ Asthma
- ☐ Diabetes, Type 1
- ☐ Diabetes, Type 2
- ☐ Hyperlipidemia (High Cholesterol or Triglycerides)
- ☐ Hypertension (High Blood Pressure)

RECOMMENDATIONS: NO SIGNIFICANT FINDINGS:

ORTHOPEDIC

UE:

LE:

RECOMMENDATIONS: NO SIGNIFICANT FINDINGS:

EDUCATION / COMMENTS

CLEARANCE: (A check indicates qualification for the particular group of activities)

CONTACT/COLLISION	LIMITED CONTACT/ IMPACT	STRENUOUS/ NONCONTACT	NONSTRENUOUS/ NONCONTACT
Football	Baseball/Softball	Crew	Archery
Hockey (both field & ice)	Basketball	Cross-Country	Bowling
Lacrosse	Diving	Track and Field	Golf
Soccer	Gymnastics	Swimming	Riflery
Wrestling	Volleyball	Tennis	
	Skiing	Cheerleading	

REASON FOR DISQUALIFICATION: _____

PHYSICIAN SIGNATURE: _____ DATE: _____