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Γo b	e completed by athlete or parent prior to examination.					
Vam	le		Mid	School Year		
Addı	ress		77114	City/State		
Phoi	ne No. Birthdate		Αι	ge Class Student ID No		
are				Phone No		
				City/State		
	TORY FORM					
		e-count	er medic	ines and supplements (herbal and nutritional) that you are currently taking		
Do v	ou have any allergies?	se ident	ify speci	fic allergy below.		
<u> </u>	Λedicines □ Pollens			☐ Food ☐ Stinging Insects		
	ain "Yes" answers below. Circle questions you don't know the a		100000000000000000000000000000000000000		12.250.00	155 11. 1555
	NERAL QUESTIONS Has a doctor ever denied or restricted your participation in sports for any reason?	Yes	No	MEDICAL QUESTIONS 26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	Yes	No
2.	Do you have any ongoing medical conditions? if so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections			27. Have you ever used an inhaler or taken asthma medicine? 28. Is there anyone in your family who has asthma?		
	Other:			29. Were you born without or are you missing a kidney, an eye, a		<u> </u>
	Have you ever spent the night in the hospital? Have you ever had surgery?		Ш	testicle (males), your spleen, or any other organ? 30. Do you have groin pain or a painful bulge or hernia in the groin		
	ART HEALTH QUESTIONS ABOUT YOU Have you ever passed out or nearly passed out DURING or AFTER	Yes	No	area? 31. Have you had infectious mononucleosis (mono) within the last		
	exercise?		Ш	month?		
ь.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?33. Have you had a herpes or MRSA skin infection?		
7.	Does your heart ever race or skip beats (irregular beats) during			34. Have you ever had a head injury or concussion?	<u> </u>	
8.	exercise? Has a doctor ever told you that you have any heart problems? If			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
	so, check all that apply: □ High blood pressure □ A heart murmur			36. Do you have a history of seizure disorder?		
	☐ High cholesterol ☐ A heart Infection ☐ Kawasaki disease Other:			37. Do you have headaches with exercise?		
9.	Has a doctor ever ordered a test for your heart? (For example,			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
10.	ECG/EKG, echocardiogram) Do you get lightheaded or feel more short of breath than			39. Have you ever been unable to move your arms or legs after being hit or falling?		
	expected during exercise?			40. Have you ever become ill while exercising in the heat?		
	. Have you ever had an unexplained seizure? . Do you get more tired or short of breath more quickly than your			41. Do you get frequent muscle cramps when exercising? 42. Do you or someone in your family have sickle cell trait or disease?		
^-	friends during exercise?			43. Have you had any problems with your eyes or vision?		
	ART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	44. Have you had any eye injuries?		
13	Has any family member or relative died of heart problems or had			45. Do you wear glasses or contact lenses?		
	an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant			46. Do you wear protective eyewear, such as goggles or a face shield?		
	death syndrome)?			47. Do you worry about your weight? 48. Are you trying to or has anyone recommended that you gain or		
14	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular			lose weight?		
	cardiomyopathy, long QT syndrome, short QT syndrome, Brugada			49. Are you on a special diet or do you avoid certain types of foods? 50. Have you ever had an eating disorder?	-	
	syndrome, or catecholaminergic polymorphic ventricular tachycardia?			51. Have you or any family member or relative been diagnosed with		
15	. Does anyone in your family have a heart problem, pacemaker, or			cancer? 52. Do you have any concerns that you would like to discuss with a		
16	implanted defibrillator? . Has anyone in your family had unexplained fainting, unexplained			doctor?	54200000	1022
	seizures, or near drowning?			FEMALES ONLY 53. Have you ever had a menstrual period?	Yes	No
	NE AND JOINT QUESTIONS	Yes	No	54. How old were you when you had your first menstrual period?		
17	. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			55. How many periods have you had in the last 12 months?		
18	. Have you ever had any broken or fractured bones or dislocated joints?			Explain "yes" answers here		
19	. Have you ever had an injury that required x-rays, MRI, CT scan,					
20	Injections, therapy, a brace, a cast, or crutches? . Have you ever had a stress fracture?		口			
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? Do any of your joints become painful, swollen, feel warm, or look		\square			
	red?	ļ				······································
25	. Do you have any history of juvenile arthritis or connective tissue disease?					

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





PHYSICAL EXAMINATION FORM										
EXAMINATION										
Helght	Weight		Dulas	☐ Male ☐ Fen Vision R 20/	nale	L 20/		Corrected	OY 01	<u> </u>
BP / MEDICAL	/		Pulse	Vision K ZU/	1.	IORMAL	ARNOR	MAL FINDIN	anno anno anno anno anno anno anno anno	1
Appearance					4000 O O O O	CHIMAL		1311.20 1 314.04114		
Marfan stigmata	(kvahoscaliasis h	ioh-arche	od nalate nectus e	vcavatum.						
				aortic insufficiency)						
Eyes/ears/nose/thro		, Hyperian	acy, myopia, irivi,	dortic insufficiency;						
Pupils equal	761									
Hearing										
Lymph nodes										
Heart ^a							 			
Murmurs (auscult	tation standing s	unina ±/	Volenhal							
Location of point			vaisaivaj							
Pulses	or maximal impu	ise (FIVII)					+			
ł ·	والمالموس لمسم المسمية									
Simultaneous fer	noral and radial p	701262								
Lungs							-			
Abdomen	b						-			
Genitourinary (male	es only)			,,			 			
Skin							•			
HSV, lesions sugg	estive of MRSA, t	inea corp	oris				<u> </u>			
Neurologic ^c										
MUSCULOSKELETA					MORNOSAN TO					
Neck							 			
Back										
Shoulder/arm			·							
Elbow/forearm										
Wrist/hand/fingers						*********************				
Hip/thigh										
Knee										
Leg/Ankle										
Foot/toes										
Functional										
Duck-walk, single	leg hop						<u> </u>			
aConsider ECG, echocardiogr aConsider GU exam if in priva aConsider cognitive evaluation aCONSIDER CONSIDER	ate setting. Having thin on or baseline neurops	d party prese ychiatric testi	ent is recommended. Ing if a history of significa	ant concussion.	scholastic	sports for one	vear.			
		,,,								
Yes	No_			Limited			<u>Examinat</u>	ion Date		
Additional Comments	<u>s:</u>									
Physician's Signature										
Physician's Assistant	Signature*	***************************************		TAMPY TO THE PARTY						
Advanced Nurse Prac	•									
*effective January 20 Advanced Nurse Prac				ecommendation, con	nsistent wi	th the Illinois	School Co	de, that alloy	vs Physician	's Assistants or
		IHS		sting Policy Co section for high sch 2011-2012 sch	nool stude		m Testi	ing		
As a prerequisite to IHSA Performance	participation in Enhancing Sub	IHSA ath	nletic activities, w esting Program F	re agree that l/our s Protocol. We have r	tudent wi eviewed	II not use per the policy an	rformance d underst	e-enhancing and that I/o	substance ur student	es as defined in the may be asked to

and and agree that the as specified in the IHSA derstand and agree that nd that fallure to provide
Date
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