



## Annunciation Catholic School Sports Pre-Participation Examination

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Athlete and Parent/Guardian:** Please review all questions and answer them to the best of your ability.

**Physician:** Please review with the athlete details of any positive answers.

- YES NO Don't Know 1. Has anyone in the athlete's family died suddenly before the age of 50 years?
- YES NO Don't Know 2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
- YES NO Don't Know 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?
- YES NO Don't Know 4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
- YES NO Don't Know 5. Does the athlete have a history of a concussion (getting knocked out) or seizures?
- YES NO Don't Know 6. Has the athlete ever suffered a heat-related illness (heat stroke)?
- YES NO Don't Know 7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
- YES NO Don't Know 8. Does the athlete take any prescribed medicine, herbs, or nutritional supplements?
- YES NO Don't Know 9. Is the athlete allergic to any medications or bee stings?
- YES NO Don't Know 10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
- YES NO Don't Know 11. Has the athlete ever had prior limitation from sports participation?
- YES NO Don't Know 12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
- YES NO Don't Know 13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
- YES NO Don't Know 14. Is there a history or young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this term, if appropriate.)
- YES NO Don't Know 15. Has the athlete ever been hospitalized overnight or had surgery?
- YES NO Don't Know 16. Does the athlete lose weight regularly to meet requirements for your sport?
- YES NO Don't Know 17. Does the athlete have anything he or she wants to discuss with the physician?
- YES NO Don't Know 18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
- YES NO Don't Know 19. Does the athlete have asthma?

### Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give my permission for my child to participate in sports / activities. I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner. I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment. I hereby authorize release of these examination results to my child's school.

Parent/Guardian Signed: \_\_\_\_\_ Date: \_\_\_\_\_

As per ORS 336.479, Section 1 (5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."