

School Sports Pre-Participation Examination – Part 1: Student or Parent Completes

Revised May 2010

NAME: _____

BIRTHDATE: ____/____/____

ADDRESS: _____

PHONE: (____) _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability. Explain any YES answers on back.

Medical Provider: 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?
			2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?
			3. Does the athlete have asthma (wheezing), hay fever, other allergies, or carry an EPI pen?
			4. Is the athlete allergic to any medications or bee stings?
			5. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?
			6. Has the athlete ever had a head injury or concussion?
			7. Has the athlete ever had a hit or blow to the head that caused confusion, memory problems, or prolonged headache?
			8. Has the athlete ever suffered a heat-related illness (heat stroke)?
			9. Does the athlete have a chronic illness or see a physician regularly for any particular problem?
			10. Does the athlete take any prescribed medicine, herbs or nutritional supplements?
			11. Does the athlete have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?
			12. Has the athlete ever had prior limitation from sports participation?
			13. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or tiring easily?
			14. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?
			15. Is there a history of 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 item, if appropriate.)
			16. Has the athlete ever been hospitalized overnight or had surgery?
			17. Does the athlete lose weight regularly to meet the requirements for your sport?
			18. Does the athlete have anything he or she wants to discuss with the physician?
			19. Does the athlete cough, wheeze, or have trouble breathing during or after activity?
			20. Are you unhappy with your weight?
			21. FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

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 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 registered 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.

Signed: _____

Parent/Guardian

Date: _____

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." 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."

School Sports Pre-Participation Examination – Part 2: Medical Provider Completes

Revised May 2010

NAME: _____		BIRTHDATE: ____/____/____	
Height: _____	Weight: _____	% Body Fat (optional): _____	Pulse: _____
Vision: R 20/____ L 20/____		Corrected: Y N	Pupils: Equal _____ Unequal _____
		BP: ____/____ (____/____/____)	
		Rhythm: Regular _____ Irregular _____	

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes / Ears / Nose / Throat			
Lymph Nodes			
Heart: Pericardial activity			
1 st & 2 nd heart sounds			
Murmurs			
Pulses: brachial / femoral			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder / arm			
Elbow / forearm			
Wrist / hand			
Hip / thigh			
Knee			
Leg / ankle			
Foot			

* Station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation / rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Medical Provider: _____ (print or type) Date: _____

Address: _____ Phone: (____) _____

Signature of Medical Provider: _____

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SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN

Revised May 2010

MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

MURMUR EVALUATION – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

MARFAN'S SCREEN – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

- Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight training can begin.
- Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

581-021-0041 Form and Protocol for Sports Physical Examinations

The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination May 2010" that must be used to document the physical examination and sets out the protocol for conducting the physical examination. Medical providers conducting physicals on or after June 30, 2010 must use the form dated May 2010.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) Website www.osaa.org.

Stat. Auth: ORS 326-051

Stats. Implemented: ORS 336.479

Hist.: ODE 24-2002, f. & cert. ef. 11-15-02; ODE 29-2004(Temp), f. & cert. ef. 9-15-04 thru 2-25-05; ODE 4-2005, f. & cert. ef. 2-14-05

For Office Use Only	YEAR	GENDER	PHYSICAL	RISK	CLEARED FALL	CLEARED WINTER	CLEARED SPRING
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ATHLETIC / ACTIVITY RISK/WARNING & TRAVEL RELEASE INFORMATION



Student Name: _____ Student ID#: _____ Grade: _____
Last First Initial

DEPARTMENT OF ATHLETICS STATEMENT OF RISKS

Any sport which may result in contact with fixed or moving surfaces will contain inherent risks of serious bodily harm which cannot be eliminated. The possibility of injuries from these dangers must be accepted by the player and the player's family. The possibility of injury can be reduced, but not eliminated, by knowing and using proper technique and fundamentals, maintaining good physical conditioning, being alert at all times and attending all training and practice sessions. As a condition of permission to participate, player assures he/she will use proper technique and fundamentals, maintain good physical conditioning, stay alert at all times, attend all training and practice sessions, follow instructions and obey the rules of the game. No student will be allowed to participate in practices or games until this form is signed and dated by both the student and parent(s)/guardian(s).

ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____, hereby acknowledge that I understand the above "Statement of Risks". If I want more information, I will personally contact the coach. I realize that by participating in the sport of _____, I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above sport, and should I choose to participate in the above sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport.

ACKNOWLEDGEMENT OF WARNING BY PARENT(S) / GUARDIAN(S)

We/I, the parent(s)/guardian(s) of _____, do hereby acknowledge that we/I understand the above "Statement of Risks". If we/I want more information, we/I will personally contact the coach. We/I realize that our/my child named above may suffer serious injury, including but not limited to, sprains, fractures, brain damage, paralysis or even death, by knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our consent to participate in the sport of _____. We/I release the Gresham-Barlow School District from any and all claims, suits, damages, losses and liabilities arising out of, directly or indirectly, or connected with my child's participation in high school sports from any cause whatsoever.

ATHLETIC and ACTIVITY TRAVEL RELEASE INFORMATION

This certifies that I, the parent/guardian of the above mentioned student, give permission for him/her to participate in athletics/activities at _____ High School during the current school year and agree to the following regarding transportation to away contests. I understand Gresham-Barlow School District is unable to provide transportation to all athletic events. If school transportation is available for a particular event, the coach will determine whether or not my son/daughter will be required to use that transportation. When school transportation is not provided, I agree to provide or arrange for private transportation to and/or from the event. Students are not allowed to transport other students.

I understand Gresham-Barlow School District's Transportation Insurance will not provide coverage for the above transportation modes and vehicles. I agree to release Gresham-Barlow School District and its employees and officers from all liability with reference to the above stated transportation. This form must be on file in the Athletic/Activities office and with the coach/advisor.

INSURANCE INFORMATION

Students must have health insurance in order to participate in all athletics, and most activities. If a student does not have current health insurance, low to no cost coverage options can be found on high school website, or contact the schools Athletic / Activity Secretary.

Name of Health Insurance Company _____ ID/Member Number _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Your signatures also indicate that you have read the rules (Code of Conduct, Athletic and Activity Policies, and Drug & Alcohol Policy), understand them and will comply with them.

Last Name

First Name

Grade