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

School Year_____
Grade_____

NAME: _____ **ID#**_____ **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: _____ **Date:** _____

Parent/Guardian

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."

Revised May 2010

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

NAME: _____ **BIRTHDATE:** _____/_____/_____

Height: _____ **Weight:** _____ **% Body Fat (optional):** _____ **Pulse:** _____ **BP:** ____/____ (____/____, ____/____)

Rhythm: Regular _____ Irregular _____

Vision: R 20/_____ L 20/_____ **Corrected:** Y N **Pupils:** Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd 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/type): _____ Date: _____/_____/ _____

Address: _____ Phone: (_____) _____

Signature of Medical Provider: _____

As per 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."

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