## **GEORGIA**

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# **HIGH SCHOOL ASSOCIATION**

TO: Whom It May Concern

FROM: Georgia High School Association

DATE: August, 2011

RE: Pre-Participation Physical Evaluation; pages 3-4

As per Georgia High School Association By-Law 1.41(c) and the new State of Georgia law, the "Pre-Participation Physical Evaluation" form may be signed by a licensed Nurse Practitioner or a Physician's Assistant provided this person has been delegated that task by an M.D. or D.O. Alterations (edits) to this copyrighted document are not permitted. Therefore, the doctor or his/her designee may print and then sign his/her (their) name on the appropriate line(s) found on page 3 and page 4 of the physical form.

#### ■ PREPARTICIPATION PHYSICAL EVALUATION

## **HISTORY FORM**

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

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Do you have any allergies?   Yes   No If yes, please identify specific allergy below.    Food   Stinging Insacts	Sex Age _	Grade S	chool _		Sport(s)		
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FEMALES ONLY  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?  21. Have you ever had a stress fracture?  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?  24. Do any of your joints become painful, swollen, feel warm, or look red?							
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BONE AND JOINT QUESTIONS  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?  18. Have you ever had any broken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?  21. Have you ever had a stress fracture?  22. Do you regularly use a brace, orthotics, or other assistive device?  23. Do you have a bone, muscle, ijgament, or tendon that out of the last 12 months?  Explain "yes" answers here  54. How many periods have you had in the last 12 months?  Explain "yes" answers here  54. How many periods have you had in the last 12 months?  Explain "yes" answers here  55. How old were you when you had your first menstrual period?  56. How many periods have you had in the last 12 months?  Explain "yes" answers here  56. How old were you when you had your first menstrual period?  56. How many periods have you had in the last 12 months?  Explain "yes" answers here  56. How many periods have you had in the last 12 months?  Explain "yes" answers here  57. How old were you when you had your first menstrual period?  58. How old were you when you had your first menstrual period?  59. How old were you when you had your first menstrual period?  59. How old were you when you had your first menstrual period?  50. How old were you when you had your first menstrual period?  50. How old were you when you had your first menstrual period?  50. How old were you when you had your first menstrual period?  50. How old were you when you had your first menstrual period?  50. How old were you when you had you had you first menstrual period?  50. How old were you when you had you first menstrual period?  50. How old were you when you had you first menstrual period?  50. How old were you when you had you first menstrual period?  50. How old year you had you first menstrual periods have you had you first menstrual periods have you had							
that caused you to miss a practice or a game?  18. Have you ever had any broken or fractured bones or dislocated joints?  19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  20. Have you ever had a stress fracture?  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, or thotics, or other assistive device?  23. Do you have a bone, muscle, or joint injury that bothers you?  24. Do any of your joints become painful, swollen, feel warm, or look red?	· · · · · · · · · · · · · · · · · · ·		Yes	No			
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24. Do any of your joints become painful, swollen, feel warm, or look red?							
			?				

#### ■ PREPARTICIPATION PHYSICAL EVALUATION

# THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of E						
Name _				Date of birt	h	
Sex	Age	Grade	School			
	e of disability					
	e of disability					
	sification (if available)					
		isease, accident/trauma, other)				
5. List t	the sports you are inte	rested in playing				T
			-		Yes	No
		ce, assistive device, or prostheti				
		ace or assistive device for sports				
		ressure sores, or any other skin	problems?			
		s? Do you use a hearing aid?				
	ou have a visual impa		0.00			
		vices for bowel or bladder functi comfort when urinating?	oii?			
	e you had autonomic d					
		-	nermia) or cold-related (hypothermia) illnes	s?		
	ou have muscle spast	, , , ,	ierma, or cold-related (hypotherma) limes	o:		
		ures that cannot be controlled by	/ medication?			
	yes" answers here					1
Please in	dicate if you have ev	er had any of the following.				
					Yes	No
	xial instability					
	aluation for atlantoaxia					
	ed joints (more than or	ie)				
Easy blee						
Enlarged						
Hepatitis						
	nia or osteoporosis					
	controlling bowel					
	controlling bladder	or handa				
	ss or tingling in arms of ss or tingling in legs of					
	ss in arms or hands	1001				
Recent c	ss in legs or feet					
	change in coordination					
Recent c	change in coordination change in ability to wal					
Recent c Spina bif	change in coordination change in ability to wal fida					
Recent c Spina bif Latex alle	change in coordination change in ability to wal fida					
Recent c Spina bif Latex alle	change in coordination change in ability to wal fida ergy					
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Recent c Spina bif Latex alle	change in coordination change in ability to wal fida ergy					
Recent c Spina bif Latex alle	change in coordination change in ability to wal fida ergy					
Recent c Spina bif Latex alle  Explain "	change in coordination change in ability to wal fida ergy yes" answers here	k		and correct		
Recent c Spina bif Latex alle  Explain "	change in coordination change in ability to wal fida ergy yes" answers here	k	rs to the above questions are complete a	and correct.		

#### ■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name . \_ Date of birth \_\_ **PHYSICIAN REMINDERS** 1. Consider additional questions on more sensitive issues • Do you feel stressed out or under a lot of pressure?

- · Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- · Have you ever tried cigarettes, chewing tobacco, snuff, or dip?

- During the past 30 days, did you use chewing tobacco, snuff, or dip?
  Do you drink alcohol or use any other drugs?
  Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing qu	estions on cardiov	ascular syn	ptoms (questions 5–14).					
EXAMINATION								
Height		Weight		] Male	☐ Female			
BP /	( /	)	Pulse	Vision R	20/	L 20/	Corrected □ Y □	N
MEDICAL	,		. 4.00	110101111	NORMAL	1 20,	ABNORMAL FINDINGS	
Appearance			e, pectus excavatum, arachnodactyl insufficiency)	ly,	HOHMAL		ADIOINIAL I IIDIIGO	
Eyes/ears/nose/throat     Pupils equal     Hearing								
Lymph nodes								
Heart <sup>a</sup> • Murmurs (auscultati • Location of point of r			va)					
Pulses     Simultaneous femora	al and radial pulses	3						
Lungs								
Abdomen								
Genitourinary (males on	ly) <sup>D</sup>							
Skin  HSV, lesions suggest	ive of MRSA, tinea	corporis						
Neurologic °								
MUSCULOSKELETAL								
Neck								
Back								
Shoulder/arm								
Elbow/forearm								
Wrist/hand/fingers								
Hip/thigh								
Knee								
Leg/ankle								
Foot/toes						+		
<ul><li>Functional</li><li>Duck-walk, single le</li></ul>	g hop							
<sup>b</sup> Consider GU exam if in priva <sup>c</sup> Consider cognitive evaluatio ☐ Cleared for all sports	te setting. Having thir n or baseline neurops without restriction	d party presei ychiatric testi	g if a history of significant concussion.					
☐ Cleared for all sports	without restriction	with recom	mendations for further evaluation or	r treatmen	t for			
□ Not cleared								
☐ Pending	g further evaluation	1						
□ For any	sports							
☐ For cer	tain sports							
Reason								
Recommendations								
necommendations								
participate in the sport	(s) as outlined ab llete has been cle	ove. A copy ared for pa	of the physical exam is on record	d in my of	ffice and can be ma	de available to the	parent clinical contraindications t e school at the request of the pare d and the potential consequences	nts. If condi-
Name of physician (print/	'type)						Date	
Address							Phone	
Signature of physician								, MD or DO

## ■ PREPARTICIPATION PHYSICAL EVALUATION

#### **CLEARANCE FORM**

Name	Sex Li Mi Li F Age Date of Dirth
☐ Cleared for all sports without restriction	
$\hfill\Box$ Cleared for all sports without restriction with recommendations for further	er evaluation or treatment for
□ Not cleared	
☐ Pending further evaluation	
☐ For any sports	
☐ For certain sports	
Recommendations	
	preparticipation physical evaluation. The athlete does not present apparent rt(s) as outlined above. A copy of the physical exam is on record in my office
	arents. If conditions arise after the athlete has been cleared for participation,
	solved and the potential consequences are completely explained to the athlete
(and parents/guardians).	
Name of physician (print/type)	Date
	Phone
	, MD or DO
EMERGENCY INFORMATION	
Allergies	
Other information	