WAKE COUNTY PUBLIC SCHOOL SYSTEM

North Carolina Sport Pre-Participation Examination Form (Page 2)

Instructions: This is a screening examination for participation in sports. **This does not substitute for a comprehensive examination** with your child's regular physician where important preventive health information can be covered.

- ☐ **Athletes**: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.
- ☐ **Parents**: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.
- ☐ **Physicians**: We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Patient's Name: _____ Age: _____ Sex: _____

Explain "Yes" answers below	Yes	No	Don't know
Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems,etc.]? List:	❑	❑	❑
Is the athlete presently taking any medications or pills?	❑	❑	❑
Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	❑	❑	❑
Does the athlete have the sickle cell trait?	❑	❑	❑
Has the athlete ever had a head injury, been knocked out, or had a concussion?	❑	❑	❑
Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	❑	❑	❑
Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	❑	❑	❑
Has the athlete ever fainted or passed out AFTER exercise?	❑	❑	❑
Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	❑	❑	❑
Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	❑	❑	❑
Has the athlete ever been diagnosed with exercise-induced asthma ?	❑	❑	❑
Has a doctor ever told the athlete that they have high blood pressure?	❑	❑	❑
Has a doctor ever told the athlete that they have a heart infection?	❑	❑	❑
Has the athlete ever been told they have a murmur or had an EKG or other test ordered for the athlete's heart?	❑	❑	❑
Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	❑	❑	❑
Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	❑	❑	❑
Has the athlete ever had a stinger, burner or pinched nerve?	❑	❑	❑
Has the athlete ever had any problems with their eyes or vision?	❑	❑	❑
Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? ❑ Head ❑ Shoulder ❑ Thigh ❑ Neck ❑ Elbow ❑ Knee ❑ Chest ❑ Hip ❑ Forearm ❑ Shin/calf ❑ Back ❑ Wrist ❑ Ankle ❑ Hand ❑ Foot	❑	❑	❑
Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	❑	❑	❑
Has the athlete ever been hospitalized or had surgery?	❑	❑	❑
Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	❑	❑	❑
Has the athlete had a medical problem or injury since their last evaluation?	❑	❑	❑
Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	❑	❑	❑
Has any family member had unexplained heart attacks, fainting or seizures?	❑	❑	❑
Does the athlete have a father, mother or brother with sickle cell disease?	❑	❑	❑

Elaborate on any positive (yes) answers (If additional space is needed attach a separate sheet):

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to part icipate in sports.

Signature of Parent/Legal Custodian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone: _____

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North Carolina Sport Pre-Participation Examination Form

Instructions: This form must be completed by a licensed physician, nurse practictioner or physician assistant.

Athlete's Name _____ Age_____ Date of Birth _____
Height _____ Weight _____ BP _____(_____% ile) / _____(_____% ile)Pulse _____
Vision R 20/ _____ L 20/_____ Corrected: Y N

These are required elements for all examinations

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
Pulses			
Heart			
Lungs			
Skin			
Neck/Back			
Shoulder			
Knee			
Ankle/Foot			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates

Heent			
Abdominal			
Genetalia (Males)			
Herina (Males)			

Clearance:	☐ A. Cleared ☐ B. Cleared after completing evaluation/rehabilitation for : _____ ☐ *** C. Medical Waiver Form must be attached (for the condition of:_____) ☐ D. Not cleared for: ❑ Collision ❑ Contact ❑ Non-contact __Strenuous __Moderately strenuous _ Non-strenuous Due to: _____ Additional Recommendations/Rehab Instructions: _____ (*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

Name of Physician/Extender: _____

Signature of Physician/Extender:_____ MD DOPA NP

(Signature and circle of designated degree required)

Physician Office Stamp:	Date of exam: _____ Address:_____ _____ Phone: _____