

Physical Examination

Height _____ Weight _____ Blood Pressure _____
 Pulse: resting _____ 15 hops _____ after 2 minutes _____
 Visual Acuity: Eye (R) 20/ _____ w/o glasses _____ (L) 20/ _____ w/ glasses _____

Other Testing

- | | Normal | Abnormal Findings |
|--------------------------|--------|-------------------|
| 1. General | _____ | _____ |
| 2. Skin | _____ | _____ |
| 3. HEENT | _____ | _____ |
| 4. Teeth (Dental Exam) | _____ | _____ |
| 5. Neck | _____ | _____ |
| 6. Lungs | _____ | _____ |
| 7. Heart (Sit and Stand) | _____ | _____ |
| 8. Abdomen | _____ | _____ |
| 9. Genitalia | _____ | _____ |
| 10. Musculoskeletal | _____ | _____ |

- Neck _____
 - Shoulder/Arm _____
 - Elbow/Forearm _____
 - Wrist/Hand _____
 - Back _____
 - Hip/Thigh _____
 - Knee _____
 - Shin/Calf _____
 - Ankle/Leg _____
 - Foot _____
- Other Tests (optional)**
- | | | |
|------------------|-------------------|--------------------|
| Auditory _____ | UV _____ | EKG _____ |
| % Body Fat _____ | Drug Screen _____ | Chest X-Ray _____ |
| Hgb/Hct _____ | SMAC _____ | Tanner Stage _____ |

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.
 Yes _____ No _____ Limited _____

Additional Comments: _____

Examination Date _____ Physicians Signature _____
 Physician's Assistant Signature* _____
 Advanced Nurse Practitioner Signature* _____

* effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

STUDENT'S NAME _____

SCHOOL NAME _____



Consent Form to self administer asthma medication
 (not needed if current form is already on file with school)

Parent Consent
 I, _____ do hereby give my son/daughter, _____ permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Parent Signature _____ Date _____

Physician Consent

As a patient under my care, _____ is prescribed to self-administer the following asthma medication.

Medication _____
 Purpose _____
 Dosage _____
 Time/Special Circumstances _____

Physician Signature _____ Date _____

IHSAA Preparticipation Examination

To be completed by athlete or parent

Name _____ Last _____ First _____ Middle _____ Sport/Position _____

Social Security Number _____ School Year _____

Address _____

City/State _____ Phone No. _____

Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____

Address _____ Phone No. _____

Person to contact in case of emergency _____

Phone No. _____

Family Doctor _____ City/State _____

Phone No. _____

Past Medical History

	Yes	No	If yes, please explain (what, where, when)
1. Presently taking medication (including birth control pills)?	_____	_____	_____
2. Have you been diagnosed with asthma?	_____	_____	_____
3. Have you been prescribed by a physician to use any asthma medication?	_____	_____	_____
4. Do you have a current consent form to self-administer the asthma medication on file with your school?	_____	_____	_____
5. Allergic to medicine, foods, bee stings?	_____	_____	_____
6. Wears any appliances—glasses, contact lenses?	_____	_____	_____
7. History of braces, chipped teeth, bridges?	_____	_____	_____
8. Has ongoing medical problem?	_____	_____	_____
9. Had serious or significant illness in past?	_____	_____	_____
10. Any past surgical operations, accidents, non-sports or related injuries?	_____	_____	_____
11. Any past injuries directly related to sports?	_____	_____	_____
12. Any hospitalization not explained above?	_____	_____	_____
13. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?	_____	_____	_____
14. Any serious family illness (such as diabetes, bleeding disorders, etc.)?	_____	_____	_____
15. Heart	_____	_____	_____
Have you ever passed out during or after exercise?	_____	_____	_____
Have you ever been dizzy during or after exercise?	_____	_____	_____
Have you ever had chest pain during or after exercise?	_____	_____	_____
Do you get tired more quickly than your friends do during exercise?	_____	_____	_____
Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____

Yes No If yes, please explain (what, where, when)

16. Have you had high blood pressure or high cholesterol? _____

Have you ever been told you have a heart murmur? _____

Has any family member or relative died of heart problems or of sudden death before age 50? _____

Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month? _____

Has a physician ever denied or restricted your participation in sports for any heart problems? _____

Has anyone in your family had a heart attack before the age of 50? _____

17. Head and Nerve

Have you ever had a head injury or concussion? _____

Have you ever been knocked out, become unconscious, or lost your memory? _____

Have you ever had a seizure? _____

Do you have frequent or severe headaches? _____

Have you ever had numbness or tingling in your arms, hands, legs or feet? _____

Have you ever had a stinger, burner or pinched nerve? _____

17. Last tetanus shot? _____ Date _____

18. Last eye exam? _____ Date _____

19. Last menstrual period (if women) _____ Date _____

Personal Habits

1. Smoking/smokeless tobacco	_____	Yes	No
2. Alcohol/non-medical drugs: marijuana, cocaine, etc.	_____	_____	_____
3. Steroids	_____	_____	_____
4. Eating Disorders - weight loss or gain?	_____	_____	_____

Review of systems (Please check if you have any problems with any of the following areas of your body)

Skin	_____	Lungs	_____	Shoulders, Arms,	_____
Head	_____	Heart	_____	Hands	_____
Eyes	_____	Abdomen	_____	Hips, Legs, Feet	_____
Ears	_____	Back	_____	Muscles—Strength,	_____
Nose	_____	Urination,	_____	Feeling	_____
Mouth/Throat	_____	Bowel Control	_____	Mental, Emotional	_____
Nutrition,	_____	Genital (including	_____	Fatigue	_____
Weight Control	_____	menstrual for women)	_____	Other: What?	_____
Neck	_____				

I certify that the above information is correct to the best of my knowledge.

Student Signature _____

Parent/Guardian Signature _____

Both Student And Parent/Guardian Signatures Are Mandatory