

# HISTORY FORM

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

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Foods  Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

| GENERAL QUESTIONS   |     |    |
|---|-----|----|
| 1. When was the student's last complete physical or "checkup?"<br>Date: Month/ Year ____ / ____ (Ideally, every 12 months)  | YES | NO |
| 2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?   |     |    |
| 3. Do you have any ongoing medical conditions? If so, please identify below.  |     |    |
| 4. Have you ever had surgery?   |     |    |
| HEART HEALTH QUESTIONS ABOUT YOU  |     |    |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise?  |     |    |
| 6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?   |     |    |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise?   |     |    |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection<br><input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____ |     |    |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  |     |    |
| 10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?   |     |    |
| 11. Have you ever had a seizure?  |     |    |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY  |     |    |
| 12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?  |     |    |
| 13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?  |     |    |

| BONE AND JOINT QUESTIONS  | YES | NO |
|---|-----|----|
| 14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event? |     |    |
| 15. Do you have a bone, muscle or joint problem that bothers you?   |     |    |
| MEDICAL QUESTIONS   |     |    |
| 16. Do you cough, wheeze or have difficulty breathing during or after exercise?   | YES | NO |
| 17. Have you ever used an inhaler or taken asthma medicine?   |     |    |
| 18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?                                   |     |    |
| 19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?                   |     |    |
| 20. Have you ever had a head injury or concussion?  |     |    |
| 21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling? |     |    |
| 22. Have you ever become ill while exercising in the heat?  |     |    |
| 23. Do you or someone in your family have sickle cell trait or disease?   |     |    |
| 24. Have you, or do you have any problems with your eyes or vision?   |     |    |
| 25. Do you worry about your weight?   |     |    |
| 26. Are you trying to or has anyone recommended that you gain or lose weight?   |     |    |
| 27. Are you on a special diet or do you avoid certain types of food?  |     |    |
| 28. Have you ever had an eating disorder?   |     |    |
| 29. Do you have any concerns that you would like to discuss today?  |     |    |
| FEMALES ONLY  |     |    |
| 30. Have you ever had a menstrual period?   | YES | NO |
| 31. How old were you when you had your first menstrual period? _____  |     |    |
| 32. How many periods have you had in the last 12 months? _____  |     |    |

Explain "yes" answers here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of 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."

# PHYSICAL EXAMINATION FORM

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

| EXAMINATION  |         |   |
|--|---------|---|
| Height:  | Weight: | BMI:  |
| BP: / ( / )  | Pulse:  | Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MEDICAL  | NORMAL  | ABNORMAL FINDINGS   |
| Appearance   |         |   |
| Eyes/ears/nose/throat  |         |   |
| Lymph nodes  |         |   |
| Heart<br>•Murmurs (auscultation standing, supine, with and without Valsalva) |         |   |
| Pulses   |         |   |
| Lungs  |         |   |
| Abdomen  |         |   |
| Skin   |         |   |
| Neurologic   |         |   |
| MUSCULOSKELETAL  |         |   |
| Neck   |         |   |
| Back   |         |   |
| Shoulder/arm   |         |   |
| Elbow/forearm  |         |   |
| Wrist/hand/fingers   |         |   |
| Hip/thigh  |         |   |
| Knee   |         |   |
| Leg/ankle  |         |   |
| Foot/toes  |         |   |

- Cleared for all sports without restriction
  - Cleared for all sports without restriction with recommendations for further evaluation or treatment for:
  - Not cleared
    - Pending further evaluation
    - For any sports
    - For certain sports: \_\_\_\_\_
    - Reason: \_\_\_\_\_
- Recommendations: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of provider: \_\_\_\_\_

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."

## 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

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination" dated May, 2017 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. The form must contain the following statement above the medical provider's signature line:  
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after April 30, 2011 and prior to May 1, 2017 must use the form dated May 2010.
4. Medical providers conducting physicals on or after May 1, 2017 and prior to May 1, 2018 may use either the form dated May 2010 or the form dated May, 2017.
5. Medical providers conducting physicals on or after May 1, 2018 must use the form dated May, 2017.

**NOTE:** The form can be found on the Oregon School Activities Association (OSAA) website: <http://www.osaa.org>

Stat. Auth.: ORS 326.051 Stats.

Implemented: ORS 336.479