



BLACK HAWK COLLEGE ATHLETICS PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM (To be completed by Student Athlete)

Note: Complete and sign this form before your appointment.

Name: _____ Date of Birth: _____
Date of Examination: _____ Sport(s): _____
Gender? (M, F, Other): _____

List past and current medical conditions _____
Have you ever had surgery? If yes, list all past surgical procedures _____
Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and Nutritional) _____
Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects). _____

GENERAL QUESTIONS (Explain "yes" answers at the end of this form. Circle questions if you don't know the answer.)	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise.		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), Long QT syndrome (LQTS), Short QT Syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		

MEDICAL QUESTIONS	YES	NO
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle(males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin resistant staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, 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 does someone in your family have sickle cell trait or disease?		
24. Have you ever had, 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 foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	YES	NO
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

I hereby state, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Athlete: _____ Date: _____

Signature of parent or guardian (if under the age of 18): _____



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PHYSICAL EXAMINATION FORM (To be completed by Healthcare Professional)

Name: _____ Date of Birth: _____

EXAMINATION		
Height: _____ Weight: _____ BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph nodes		
Heart* <ul style="list-style-type: none">Murmurs (auscultation standing, auscultation supine, and \pm Valsalva maneuver)		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none">Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none">Double leg squat test, single-leg squat test, and box drop or step drop test		

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination finding, or a combination of those.

Name of health care professional (print or type): _____ Date _____

Address: _____ Phone: _____

Signature of health care professional: _____



BLACK HAWK COLLEGE ATHLETICS PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGABILITY FORM (To be completed by Healthcare Professional)

Name: _____ Date of Birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____
- Medically eligible for certain sports _____
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings 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 physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

EMERGENCY INFORMATION (To be completed by Student Athlete)

Allergies: _____

Medications: _____

Other Information: _____

Emergency contacts: _____
