PRE-PARTICIPATION EXAMINATION FORM

Instructions for completing pre-participation (athletic)
Health Examination and Consent Form

COMPLETING THIS FORM:
1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent/Guardian along with the student are to complete the Health History on page 3 and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms. The Health History is to be taken to the physical examination for the physician/provider to review.
3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
4. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM:
1. School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files.

A health examination must be performed annually and the Pre-participation Physical Evaluation Form must be completed before any student may participate in athletic activities sponsored by this Association. A Pre-participation Physical Evaluation Form along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination may be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician’s Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practitioner (RNP) functioning within the legal scope of their practice.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.
Pre-Participation Health Examination Form, Updated November 11, 2019

Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the Pre-participation Physical Evaluation Form.

Name of Student ___________________________ School ___________________________

Is the student covered by health/accident insurance? □ Yes □ No

Name of health insurance provider ___________________________

If no insurance provider, explain ___________________________

CONSENT FORM

Parent or Guardian Statement of Permission, Approval, and Acknowledgement:
By signing below, I the parent or legal guardian of the above named student do:

• Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.

• Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.

• Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.

• Acknowledge and give consent that a copy of this form will remain in the student’s school. I agree that if my student’s health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.

• Hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and/or the policy of the school listed above. http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf

Parent or Guardian Name ___________________________ Parent or Guardian Signature ___________________________

Date ___________________________

Student Statement

By signing below I acknowledge:

• This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.

• My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.

• Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

Signature of Student ___________________________ Date ___________________________

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.
ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

Must be completed every school year by the athlete and parent prior to any try-out, practice, or athletic contest

ATHLETE INFORMATION

Athlete Name: _____________________________ Date of Exam: __________________

Sport(s): _____________________________

Birth date: ____________ Age: ______ Grade in school ______ Gender: ______ School year: ___________

Athlete Cell Phone No. (_______) __________________ Athlete Address: _____________________________

EXAMINATION: TO BE FILLED OUT BY PHYSICIAN ONLY

Height: ____________ Weight: ____________ □ Male □ Female

Pulse: _______ BP: _____/____ % Body Fat (opt) _______

Vision: Left _______/_____ Right _______/______ Corrected: □ Yes □ No

Pupils: □ Equal □ Unequal

Immunizations: Tetanus ______ MMR ______ Hep B ______ Chickenpox ______

GENERAL MEDICAL (please initial) 

MUSCULOSKELETAL (please initial)

MUSCULOSKELETAL (please initial)

Appearance (Marfan stigmata)

Abnormal Findings

Neck

Eyes/Ears/Nose/Throat (Pupils Equal, Hearing)

Back

Lymph Nodes

Shoulder/Arm

Heart (murmurs)

Elbow/Forearm

Pulses (Simultaneous femoral and radial pulses)

Wrist/Hand/Fingers

Lungs

Hip/Thigh

Abdomen

Knee

Skin (HSV, MRSA, tinea corporis)

Leg/Ankle

Neurological

Foot/Toes

Genitourinary (males only)

Functional (Duck walk, single leg hop)

ATHLETIC PARTICIPATION RECOMMENDATIONS (Physician MUST select one item listed below)

FULL & UNLIMITED PARTICIPATION

LIMITED PARTICIPATION—May NOT participate in the following

CLEARED PENDING—Documented follow up of:

NOT CLEARED FOR ATHLETIC PARTICIPATION

Physician’s Comments:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician’s Name: _____________________________

(Please print)

Physician Signature: ________________ Date: _______

Physician’s Office Address

Telephone: (____) ____________________________

IF THIS FORM IS NOT FULLY COMPLETED INCLUDING DOCTOR ADDRESS AND NUMBER, IT WILL NOT BE ACCEPTED
ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

Must be completed every school year by the athlete and parent prior to any try-out, practice, or athletic contest

<table>
<thead>
<tr>
<th>Athlete Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

**MEDICAL HISTORY**

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

- [ ] Yes
- [ ] No

If yes, please identify specific allergy.

**Allergies:**

- [ ] Medicine
- [ ] Pollens
- [ ] Food
- [ ] Stinging Insects

**ANY "YES" RESPONSES MUST BE EXPLAINED IN FULL AFTER EACH QUESTION IN THE SPACE**

### GENERAL QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any ongoing medical conditions? If so please identify below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Asthma ☒ Anemia ☐ Diabetes ☐ Infections ☐ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever spent the night in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a heart attack?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HEART HEALTH QUESTIONS ABOUT YOU

- [ ] Yes
- [ ] No

- [ ] Have you had any problems with pain, swelling, fracture, sprain, strain, or dislocation in any joint? Specify below if yes.
- [ ] If yes, check the appropriate box and explain below:
  - ☐ Head
  - ☐ Neck
  - ☐ Back
  - ☐ Shoulder
  - ☐ Arm
  - ☐ Elbow
  - ☐ Finger
  - ☐ Wrist
  - ☐ Hand
  - ☐ Shin/Calf
  - ☐ Thigh
  - ☐ Knee
  - ☐ Hip
  - ☐ Ankle
  - ☐ Foot
  - ☐ Other: _______________________

### MEDICAL QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you cough, wheeze or have difficulty breathing during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever used an inhaler or taken asthma medication?</td>
<td></td>
<td></td>
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<tr>
<td>Have you ever had an unexplained seizure?</td>
<td></td>
<td></td>
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<tr>
<td>Do you or someone in your family have sickle cell trait or disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have headaches with exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?</td>
<td></td>
<td></td>
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<td>Have you ever been unable to move your arms or legs after being hit or falling?</td>
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| Have you ever had any problems with pain, swelling, fracture, sprain, strain, or dislocation in any joint? Specify below if yes.
- [ ] If yes, check the appropriate box and explain below:
  - ☐ Head
  - ☐ Neck
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  - ☐ Arm
  - ☐ Elbow
  - ☐ Finger
  - ☐ Wrist
  - ☐ Hand
  - ☐ Shin/Calf
  - ☐ Thigh
  - ☐ Knee
  - ☐ Hip
  - ☐ Ankle
  - ☐ Foot
  - ☐ Other: _______________________

### HEAT ILLNESS QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you worry about your weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you on a special diet or do you avoid certain types of foods?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you avoid certain types of foods?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much time do you usually have from the start of one period to the start of another?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was your most recent menstrual period (age when started)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was your most recent menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many periods have you had in the last year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the longest time between periods in the last year?</td>
<td></td>
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### BONE AND JOINT QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get frequent muscle cramps when exercising?</td>
<td></td>
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</tr>
<tr>
<td>Do you or someone in your family have sickle cell trait or disease?</td>
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<tr>
<td>Have you ever had a bone, muscle, or joint injury that bothered you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?</td>
<td></td>
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<tr>
<td>Have you ever had a stress fracture?</td>
<td></td>
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<tr>
<td>Have you ever had a head injury or concussion?</td>
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<td></td>
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<tr>
<td>Have you ever had an eating disorder?</td>
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### HEAD AND NECK HEALTH QUESTIONS

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### FEMALES ONLY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>When was your first menstrual period (age when started)?</td>
<td></td>
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<td>When was your most recent menstrual period?</td>
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### PARENT SIGNATURE:

________________________________________  Date: _____________