

CCA Sports Pre-participation Physical

Student's Name _____ Date of Birth _____ Age _____

BP _____ WT _____ HT _____ Vision: (R) _____ (L) _____

Required	Normal	Abnormal	Record any laxity, weakness, instability, decreased ROM, etc.
Musculoskeletal Exam			
Neck			
Shoulder			
Spine/Scoliosis			
Knee			
Ankle			
Feet			
Other			
Cardiovascular Exam			

The following exam components are optional but should be done if the history is positive:

Optional	Normal	Abnormal	Not Done	Comments
ENT				
Chest				
Abdomen				
Genitalia				
Skin				

Assessment: A. No problems identified
 B. Other _____

Recommendations: A. Unlimited participation
 B. Limited to _____
 C. Deferred until _____ (rehab, recheck, consultation, etc.)
 D. Disqualified on basis of _____

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, testicle, or ovary, etc.)

Re-Examine: A. Yearly and after any injury that limits participation for greater than one week.
 B. Other _____

I certify that I have examined this student and such examination revealed (conditions, no conditions) that would prevent him/her from participation in interscholastic sports.

Physician's Signature _____ Date _____ Licensed to practice medicine? yes no

Address _____ Phone # () _____

Student's Name _____ Date of Birth _____ Age _____

ATHLETE'S DIRECTIONS: Please review all questions with your parent or guardian and answer them to the best of your Knowledge.

PHYSICIAN'S DIRECTIONS: Please repeat the questions listed below and carefully review the details of any positive answers.

Yes	No	Don't Know	
			1. Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister) died suddenly before age 50?
			2a. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2b. Has the athlete ever been told he/she has a heart murmur or heart problem?
			3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?
			4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?
			5. Does the athlete have a history of a concussion (getting knocked out)?
			6. Has the athlete ever suffered a heat-related illness (heat stroke)?
			7. Does the athlete have anything he/she wants to talk to the doctor about?
			8. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			9. Does the athlete take any medicine?
			10. Is the athlete allergic to any medications or bee stings?
			11. Does the athlete have only one of any paired organs (eyes, ears, kidneys, testicles, ovaries, etc.?)
			12. Does the athlete wear contacts or eye glasses?
			13. DATE OF LAST TETANUS BOOSTER _____

Please give details about any "yes" answers:

I have answered and/or reviewed the above questions and give permission for my child to participate in sports.

Parent/Guardian's Signature _____ Date _____ Phone # _____

Physician's Signature _____ Date _____