



TO BE COMPLETED BY STUDENT ATHLETE

**Department of Sports Medicine
Pre-Participation History Form**

Note: Complete and sign this form (with your parents if younger than 18) before appointment.

Student-Athlete Name: _____ DOB: _____

Date of Examination: _____ Sport(s): _____

Have you had COVID-19? (check one): Yes No

Have you ever had surgery? If yes, list all past surgical procedures. _____

Patient Health Questionnaire Version 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)				
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

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.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)				Yes	No
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			Unsure	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 (CPVT)?					
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?					



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**Department of Sports Medicine
Pre-Participation History Form Continued**

Student-Athlete Name: _____ DOB: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



ONLY TO BE COMPLETED BY PHYSICIAN

**Department of Sports Medicine
Pre-Participation Physical Examination**

NOTICE TO PHYSICIANS: Completion of this form should be guided by a careful review of the student-athlete's personal and family history. Guidance regarding the pre-participation physical can be found in PPE Pre-Participation Physical Evaluation, 4th edition (American Academy of Pediatrics, 2010). The examination should give particular attention to blood pressure and cardiac auscultation in at least 2 positions. The genitourinary exam is not required unless indicated by history and if so presence of a 3rd party is recommended. It is not necessary to record an entire exam on this document. Normal findings of the exam may be kept on a separate document in your office. If an echocardiogram, EKG, cardiac, orthopedic, or other consultation has been obtained, please include a copy of the report with this document.

This Pre-Participation Physical Examination will be reviewed by the Department of Sports Medicine for participation in intercollegiate athletics at Shepherd University. Questions should be directed to the Department of Sports Medicine.

Student-Athlete Name: _____ Sport: _____

DOB: _____ Exam Date: _____

Please consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form)

EXAMINATION	
Height: _____	Weight: _____
BP: _____ / _____ (_____ / _____)	Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (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 • Double-leg squat test, single-leg squat test, and box drop or step drop test		

Medical Eligibility

Student-Athlete Name: _____ DOB: _____

- Medically eligible for all sports without restriction
- Medically eligible with recommendations given to the student-athlete for further evaluation or treatment for **(list any chronic diseases such as asthma or diabetes and comment on the plan for ongoing management)**: _____
- 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 are 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 Physician (Print):		Date:
Address:		Phone:
City:	State:	Zip Code:
Signature of Physician (MD or DO):		Date:
Signature of Physician's Assistant (PA)/Certified Registered Nurse Practitioner (CNRP):		
Student-Athlete's Signature:		Date: