Birmingham Community Charter High School Pre-Participation Physical Evaluation

School: Sport(s): Sport(s)	Date	e of Exam:				ATTACHMENT	T A	A
School: Sport(s): Phone: Processor Physician/Provider: Cell C	Stu	dent's Name:			S	ex: Age: Date of Birth: Grade:		
Address: Presonal Physician/Provider: Relationship: (Cell) Presonal Physician/Provider: Relationship: (Cell) Cell C	Sch	ool:		Sport		,		
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1. It is a dictare over denied or metricated your participation in sports for any reason? 2. Do you have any opening medical conditions? If so, please identify biow. □ Ashtma Date of the Individual Date of	Do yo	ou have any allergies? Yes No If yes, please identify specific allergy below. Medicines Pollens certion is to be carefully completed by the student and his/ her parent(s) or legal guardian(s) before participation in intersection.	Food	tic athletic	cs. E	☐ Stinging insects Explain Yes answers below. Circle questions you don't know the answers to.	Yesl	No.
2. Doyou have any rogoning medical conditions? If so, please identify below: [Asthman Calcamental Debares Implicit in shospital? 3.0 3.5 steer earyons in jour family who has asthman? 3.1 stee you ever passed out of mentry passed out DURING or AFTER exercise? 3.3 steer passed out of mentry passed out DURING or AFTER exercise? 3.3 steer you have any other organ? 3.5 steer you ever had disconfirer, pan, tightness, or pressure in your family have you ever had disconfirer, pan, tightness, or pressure in your family have any setting the passed out DURING or AFTER exercise? 3.5 steer you had infectious mononucleuss (mono) within the last month? 3.6 steer you were that a beginning the passed out DURING or AFTER exercise? 3.5 steer you had infectious mononucleuss (mono) within the last month? 3.6 steer you had infectious mononucleuss (mono) within the last month? 3.6 steer you had infectious mononucleuss (mono) within the last month? 3.6 steer you were that a beginning with the passed out DURING or AFTER exercise? 3.5 steer you ever the any other any steer in the groin area? 3.6 steer you were many steepers, pressure sceer, or whem as in the groin area? 3.6 steer you were that a heart family or concussion? 3.6 steer you were the any other any steepers and steer steer in steepers of the steepers o		The state of the s						
1. As you seer spent the night in a hospital?	2.	Do you have any ongoing medical conditions? If so, please identify below: □Asthma						
Note	3.				30.	Is there anyone in your family who has asthma?		
HEART HEALTH QUESTIONS ABOUT YOU See proposed out or nearly passed out to Plant passed out DICRING or AFTER exercise? 3.8 Have you were passed out or nearly passed out DICRING or AFTER exercise? 3.8 Have you were had discomptor, pain, tightness, or pressure in your chest during exercise? 3.9 Do you have any rashes, pressure sores, or other skin problems? 3.8 Have you had a herpes or MIRSA skin infection? 3.9 Have you were told you that you have any heart problems? It is, o., check all that apply 3.8 Have you were had a hist polity or concusions. 3.8 Have you were had a hist polity or concusions. 3.8 Have you were had a hist polity or concusions. 3.8 Have you were had a hist polity or concusion. 3.9 Have you were had a hist polity or concusion. 3.9 Have you were had a hist polity or problems? 3.9 Have you were had a hist polity or problems? 3.9 Do you have any rashes, pressure sores, or other skin problems? 3.9 Have you were had a hist polity or concusion. 3.9 Have you were had a hist polity or concusion. 3.9 Have you were had a hist polity or concusion. 3.9 Have you were had a hist polity or concusion. 3.9 Have you were had an interplaced a best for your harm (for example, ECGEKG, exhocatiogram?) 4.9 Have you were leaded the form to move your arms or legs after being ht or falling? 4.9 Have you were bear unable to move your arms or legs after being ht or falling? 4.9 Have you were bear unable to move your arms or legs after being ht or falling? 4.9 Have you were bear unable to move your arms or legs after being ht or falling? 4.9 Have you were bear unable to move your arms or legs after being ht or falling? 4.9 Have you were bear unable to move your arms or legs after being ht or falling? 4.9 Have you were bear unable to move your arms or legs after being ht or falling? 4.9 Have you were bear unable to move your arms or legs after being ht or falling? 4.9 Have you were bear unable to move your arms or	4.	Have you ever had surgery?		;	31.			
5. Have you ever passed out or nearly passed out DVRING or AFTER exercise? 6. Have you ever had disconflort, pain, lightness, or pressure in your chest during coards? 7. Does your levest ever race or skip beals (regular beats) during exercise? 8. Has a doctor ever told you that you have any heart problems? It so, check all that apply. 8. Has a doctor ever told you that you have any heart problems? It so, check all that apply. 9. In the last 14 days, have you ever had a hird you have any heart problems? It so, check all that apply. 19. In the last 14 days, have you been exposed to someone who tested positive for COVID-19 (19) (19) (19) (19) (19) (19) (19) (1	шЕл	DT HEALTH OHESTIONS ABOUT YOU	Voc	No.	22	your spleen, or any other organ?	 	
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Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? Have you ever had a stress fracture? Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) How you regularly use a brace, orthotics or other assistive device? Do you have a bone, muscle or joint injury that bothers you? Do you have any history of juvenile arthritis or connective tissue disease? 53. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY 54. Have you ever had a menstrual period? 55. How old were you when you had your first menstrual period? 56. How many periods have you had in the last 12 months? Explain "yes" answers here:		Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that						
21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 22. Have you ever had a stress fracture? 23. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 24. Do you regularly use a brace, orthotics or other assistive device? 25. Do you have a bone, muscle or joint injury that bothers you? 26. Do any of your joints become painful, swollen, feel warm, or look red? 27. Do you have any history of juvenile arthritis or connective tissue disease?	20				52	Do you have any concerns that you would like to discuss with a dector?		
brace, a cast, or crutches? 22. Have you ever had a stress fracture? 23. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 24. Do you regularly use a brace, orthotics or other assistive device? 25. Do you have a bone, muscle or joint injury that bothers you? 26. Do any of your joints become painful, swollen, feel warm, or look red? 27. Do you have any history of juvenile arthritis or connective tissue disease?		, ,		1 1		· · · · · · · · · · · · · · · · · · ·		
23. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 24. Do you regularly use a brace, orthotics or other assistive device? 25. Do you have a bone, muscle or joint injury that bothers you? 26. Do any of your joints become painful, swollen, feel warm, or look red? 27. Do you have any history of juvenile arthritis or connective tissue disease?	21.					INCLES ONE!		
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26. Do any of your joints become painful, swollen, feel warm, or look red? 27. Do you have any history of juvenile arthritis or connective tissue disease?								
27. Do you have any history of juvenile arthritis or connective tissue disease?			-			Explain "yes" answers here:		
			1	+			—	
			orrect				_	

Signature of athlete_____Signature of parent/guardian_____Date__

Birmingham Community Charter High School Pre-Participation Physical Evaluation

BP:

Corrected:

Y

N

Pupils: Equal

Unequal

Physical Examination Form

Vision: R 20/_____L 20/____

Student's Name:____

The section below is to be completed by physician or staff after history and consent forms are completed.

Height:______Weight:_____%BMI (optional):______ Pulse:

ATTACHMENT A

DOB:

EMERGENCY INFORMATION								
Allergies: Other Information:								
		Above and Electron						
MEDICAL	Normal	Abnormal Findings						
Appearance								
Marfan stigmata (kyphoscoliosis, high arched palate, pectus)								
excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)								
Eyes/ Ears/ Nose/ Throat								
Pupils equal								
• Hearing								
Lymph Nodes								
Heart ¹								
Murmurs (auscultation standing, supine, +/- Valsalva)								
Location of point of maximal impulse (PMI)								
Lungs								
Abdomen Genitourinary (males only) ²								
Skin								
HSV, lesions suggestive of MRSA, tinea corporis								
Neurologic ³								
MUSCULOSKELETAL								
Neck								
Back								
Shoulder/ Arm								
Elbow/ Forearm								
Wrist/ Hand/ Fingers								
Hip/ Thigh								
Knee								
Leg/ Ankle								
Foot/ Toes								
Functional Duck walk, single leg hop								
Consider ECG, echocardiogram, and referral to cardiology for abnox								
² Consider GU exam if in private setting. Having 3rd party present is ³ Consider cognitive evaluation or baseline neuropsychiatric setting i	recommended. f a history of significant concus	ssion.						
Clearance								
☐ 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:								
	nd can be made available to the	athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as school at the request of the parent. If conditions arise after the athlete has been cleared for participation, are completely explained to the athlete (and parents/guardians).						
Name of Physician/ Provider: (print/ type/ stamp)		(MD, DO, NP or PA)						
Address:								
Modified from American Academy of Family Physicians. American Academy of Pedia	trics, American College of Sports Medicia	ne, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports						
	d American Osteopathic Academy of Spo							