## **GEORGIA**

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## **HIGH SCHOOL ASSOCIATION**

TO: Whom It May Concern

FROM: Georgia High School Association

DATE: August, 2011

RE: Pre-Participation Physical Evaluation; pages 3-4

As per Georgia High School Association By-Law 1.41(c) and the new State of Georgia law, the "Pre-Participation Physical Evaluation" form may be signed by a licensed Nurse Practitioner or a Physician's Assistant provided this person has been delegated that task by an M.D. or D.O. Alterations (edits) to this copyrighted document are not permitted. Therefore, the doctor or his/her designee may print and then sign his/her (their) name on the appropriate line(s) found on page 3 and page 4 of the physical form.

#### ■ PREPARTICIPATION PHYSICAL EVALUATION

#### HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

ame Date of birth								
ex	Age	Grade Sci	School Sport(s)					
Medicines	and Allergies: P	lease list all of the prescription and ove	r-the-co	unter m	nedicines and supplements (herbal and nutritional) that you are currently	taking		
Do you hav □ Medicir	ve any allergies? nes	☐ Yes ☐ No If yes, please ide	ntify sp	ecific al	lergy below.  □ Food □ Stinging Insects			
		Circle questions you don't know the ar	swers 1	ю.				
GENERAL Q			Yes	No	MEDICAL QUESTIONS	Yes	1	
<ol> <li>Has a do any reas</li> </ol>		restricted your participation in sports for			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
		edical conditions? If so, please identify	<del>                                     </del>		27. Have you ever used an inhaler or taken asthma medicine?		$\top$	
		emia 🗆 Diabetes 🗀 Infections			28. Is there anyone in your family who has asthma?			
Other: _					29. Were you born without or are you missing a kidney, an eye, a testicle			
	ever spent the nigh	it in the hospital?	-		(males), your spleen, or any other organ?	-	$\vdash$	
	ever had surgery?	OUT VOI			30. Do you have groin pain or a painful bulge or hernia in the groin area?	-	╀	
	LTH QUESTIONS AB		Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?	-	╁	
AFTER ex		nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?  33. Have you had a herpes or MRSA skin infection?		╁	
6. Have you	ever had discomfor	t, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?		$\vdash$	
2001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ring exercise?				35. Have you ever had a hit or blow to the head that caused confusion.	1	$\vdash$	
-		skip beats (irregular beats) during exercise?		_	prolonged headache, or memory problems?			
	ctor ever told you that that apply:	at you have any heart problems? If so,			36. Do you have a history of seizure disorder?			
	blood pressure	☐ A heart murmur			37. Do you have headaches with exercise?		_	
122.00	cholesterol	A heart infection			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
		Other: test for your heart? (For example, ECG/EKG,			39. Have you ever been unable to move your arms or legs after being hit or falling?			
V25 1975		el more short of breath than expected			40. Have you ever become ill while exercising in the heat?			
during ex					41. Do you get frequent muscle cramps when exercising?			
11. Have you	ever had an unexpl	ained seizure?			42. Do you or someone in your family have sickle cell trait or disease?			
12. Do you g during ex		rt of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?		L	
	LTH QUESTIONS AB	OUT YOUR FAMILY	Yes	No	44. Have you had any eye injuries?		$\vdash$	
		lative died of heart problems or had an	100		45. Do you wear glasses or contact lenses?		-	
unexpect	ted or unexplained si	udden death before age 50 (including			46. Do you wear protective eyewear, such as goggles or a face shield?		$\vdash$	
		ccident, or sudden infant death syndrome)?			47. Do you worry about your weight?  48. Are you trying to or has anyone recommended that you gain or		$\vdash$	
syndrom	e, arrhythmogenic ri	ave hypertrophic cardiomyopathy, Marfan ght ventricular cardiomyopathy, long QT e, Brugada syndrome, or catecholaminergic			lose weight?  49. Are you on a special diet or do you avoid certain types of foods?			
polymorphic ventricular tachycardia?				50. Have you ever had an eating disorder?	1	$\vdash$		
	one in your family h d defibrillator?	ave a heart problem, pacemaker, or			51. Do you have any concerns that you would like to discuss with a doctor?			
		d unexplained fainting, unexplained			FEMALES ONLY			
	or near drowning?	a disapianted famong, diseapianted			52. Have you ever had a menstrual period?			
BONE AND J	IOINT QUESTIONS		Yes	No	53. How old were you when you had your first menstrual period?			
	i ever had an injury t sed you to miss a pra	o a bone, muscle, ligament, or tendon actice or a game?			54. How many periods have you had in the last 12 months?  Explain "yes" answers here	<u> </u>		
		n or fractured bones or dislocated joints?						
injections	s, therapy, a brace, a						_	
, , ,	ever had a stress fr							
instability	y or atlantoaxial insta	you have or have you had an x-ray for neck ability? (Down syndrome or dwarfism)						
		orthotics, or other assistive device?						
		or joint injury that bothers you?					_	
		painful, swollen, feel warm, or look red? venile arthritis or connective tissue disease?		-			_	
		est of my knowledge, my answers to			stions are complete and correct.  Date			
	can Academy of Fan	nily Physicians, American Academy of Pediatro	ics, Amer	ican Coli	Date Date lege of Sports Medicine, American Medical Society for Sports Medicine, American ( is granted to reprint for noncommercial, educational purposes with acknowledgm		d	

#### ■ PREPARTICIPATION PHYSICAL EVALUATION

# THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of						
Name				Date of bit	rth	
Sex _	Age	Grade	School			
1. Typ	e of disability			144 M		
	e of disability			-	2 2 2	
	ssification (if available)	)	**************************************			
	•	disease, accident/trauma, other)				
	the sports you are inte					
					Yes	No
6. Do y	you regularly use a bra	ace, assistive device, or prosthet	tic?			
7. Do y	you use any special bra	ace or assistive device for sport	s?			
8. Do y	you have any rashes, p	pressure sores, or any other skir	problems?			
9. Do y	you have a hearing los	s? Do you use a hearing aid?				
_	you have a visual impa					
		evices for bowel or bladder funct	tion?			
		scomfort when urinating?				
	e you had autonomic o					
			thermia) or cold-related (hypothermia) illnes	s?		
	you have muscle spast					-
16. Do y	you have frequent seiz	ures that cannot be controlled b	y medication?			
Explain "	'yes" answers here					
					-	
	<u> </u>		<u> </u>			70 710 000 1
Please in	ndicate if you have ev	er had any of the following.				
STEE.						
					Yes	No
Atlantoa	ixial instability				Tes	No
	xial instability valuation for atlantoaxia	al instability			Tes	No
X-ray ev Dislocate	valuation for atlantoaxia red joints (more than or				Tes	No
X-ray ev Dislocate Easy ble	valuation for atlantoaxion and joints (more than or ending				165	No
X-ray ev Dislocate Easy ble Enlarged	valuation for atlantoaxia red joints (more than or reding d spleen				165	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis	valuation for atlantoaxia red joints (more than or reding d spleen s				165	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis Osteope	raluation for atlantoaxia eed joints (more than or eeding d spleen s enia or osteoporosis				165	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis Osteope Difficulty	raluation for atlantoaxia ed joints (more than or edding d spleen s enia or osteoporosis y controlling bowel				105	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis Osteope Difficulty	raluation for atlantoaxia ed joints (more than or edding d spleen s enia or osteoporosis y controlling bowel y controlling bladder	ne)			105	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis Osteope Difficulty Numbne	raluation for atlantoaxia ded joints (more than or deding d spleen s dia or osteoporosis y controlling bowel y controlling bladder ess or tingling in arms of	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Difficulty Numbne	raluation for atlantoaxia ded joints (more than or deding d spleen s dia or osteoporosis y controlling bowel y controlling bladder dess or tingling in arms of dess or tingling in legs of	or hands			165	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis Osteope Difficulty Numbne Weaknes	raluation for atlantoaxia red joints (more than or red joints (more than or red ding d spleen s raina or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs o ss in arms or hands	or hands			165	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis Osteope Difficulty Difficulty Numbne Weaknes	raluation for atlantoaxia red joints (more than or red self- red self- red joints (more than or red self- red joints (more than or red joints (mor	or hands			165	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis Osteope Difficulty Numbne Weaknes Weaknes	raluation for atlantoaxia red joints (more than or red self in a s	or hands			165	No
X-ray ev Dislocate Easy ble Enlargec Hepatitis Osteope Difficulty Numbne Weaknes Weaknes Recent of	raluation for atlantoaxia red joints (more than or red joints (more than or reding d spleen s s mia or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs o ss in arms or hands ss in legs or feet change in coordination change in ability to wal	or hands			165	No
X-ray ev Dislocate Easy ble Enlarged Hepatitis Osteope Difficulty Numbne Numbne Weakne: Weakne: Recent of Spina bit	raluation for atlantoaxis red joints (more than or red joints (more than or reding d spleen s s raila or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs o ss in arms or hands ss in legs or feet change in coordination change in ability to wal fida	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Numbne Weaknes Weaknes Recent of Spina bin Latex all	raluation for atlantoaxia red joints (more than or reding d spleen s raia or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs or ss in arms or hands ss in legs or feet change in coordination change in ability to wal fida lergy	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Numbne Weaknes Weaknes Recent of Spina bin Latex all	raluation for atlantoaxis red joints (more than or red joints (more than or reding d spleen s s raila or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs o ss in arms or hands ss in legs or feet change in coordination change in ability to wal fida	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Difficulty Numbne Weaknes Weaknes Recent of Spina bin Latex all	raluation for atlantoaxia red joints (more than or reding d spleen s raia or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs or ss in arms or hands ss in legs or feet change in coordination change in ability to wal fida lergy	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Difficulty Numbne Weaknes Weaknes Recent of Spina bin Latex all	raluation for atlantoaxia red joints (more than or reding d spleen s raia or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs or ss in arms or hands ss in legs or feet change in coordination change in ability to wal fida lergy	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Numbne Numbne Weaknes Weaknes Recent of Spina bin Latex all	raluation for atlantoaxia red joints (more than or reding d spleen s raia or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs or ss in arms or hands ss in legs or feet change in coordination change in ability to wal fida lergy	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Numbne Numbne Weaknes Weaknes Recent of Spina bin Latex all	raluation for atlantoaxia red joints (more than or reding d spleen s raia or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs or ss in arms or hands ss in legs or feet change in coordination change in ability to wal fida lergy	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Numbne Numbne Weaknes Weaknes Recent of Spina bin Latex all	raluation for atlantoaxia red joints (more than or reding d spleen s raia or osteoporosis y controlling bowel y controlling bladder ress or tingling in arms or ress or tingling in legs or ss in arms or hands ss in legs or feet change in coordination change in ability to wal fida lergy	or hands			165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Difficulty Numbne Weaknes Weaknes Recent of Spina bin Latex all	raluation for atlantoaxia ded joints (more than or deding and spleen as ania or osteoporosis by controlling bladder as or tingling in arms or ses or tingling in legs of ses in arms or hands as in legs or feet change in coordination change in ability to wall fida lergy	or hands or feet	rs to the above questions are complete a	nd correct.	165	No
X-ray ev Dislocati Easy ble Enlarged Hepatitis Osteope Difficulty Difficulty Numbne Weakne: Recent of Spina bii Latex all Explain "	raluation for atlantoaxia red joints (more than or reding displeen some some some some some some some some	or hands or feet	80 T T T T T T T T T T T T T T T T T T T	nd correct.		No

### ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name	III.						D	ate of birth	
<ul> <li>Have you ever take</li> <li>Do you wear a sea</li> </ul>	questions on more sed out or under a lot ad, hopeless, depre tyour home or resi d cigarettes, chewi d days, did you use nol or use any other en anabolic steroiden any supplement at belt, use a helme	ot of pressu essed, or an dence? ing tobacco, chewing to r drugs? s or used an s to help you t, and use of	re? snuff, or dip? bacco, snuff, or dip? ny other performance supplem u gain or lose weight or impro		mance?	,			
EXAMINATION		Section 531	(dassagio o 14)						
Height		Weight		☐ Male	_ F	emale			
BP /	( /	)	Pulse	Vision	R 20/	100	L 20/	Corrected D Y D N	
MEDICAL				THE REPORT OF		NORMAL	9 (23,000,000,000	ABNORMAL FINDINGS	
Appearance  Marfan stigmata (ky arm span > height, Eyes/ears/nose/throat  Pupils equal  Hearing			ite, pectus excavatum, arachn c insufficiency)	odactyly,					
Lymph nodes									
Heart*  • Murmurs (auscultati • Location of point of	on standing, supin maximal impulse (l	e, +/- Valsa PMI)	iva)						4741416
Pulses     Simultaneous femore	al and radial nulco								
Lungs	ai anu raulai puise:	5					+		
Abdomen					1-		1		
Genitourinary (males or	nly) <sup>b</sup>								
Skin  HSV, lesions sugges	tive of MRSA, tinea	corporis							
Neurologic <sup>c</sup>		www.	MICHIGAN CONTRACTOR						
MUSCULOSKELETAL Neck				March 195	10000				
Back					-		+		
Shoulder/arm					<del> </del>		<del> </del>		
Elbow/forearm	***								
Wrist/hand/fingers									
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes			****		-				
<ul> <li>Functional</li> <li>Duck-walk, single le</li> </ul>	g hop								
Consider GU exam if in priva Consider cognitive evaluatio	te setting. Having thin n or baseline neurops without restriction	d party preser ychiatric testi	normal cardiac history or exam. It is recommended. Ig if a history of significant concus mendations for further evalua		ent for				
□ Not cleared									
	g further evaluation	1							
☐ For any									
☐ For cer	tain sports								
Reason	1							6.00	
Recommendations									
participate in the sport	(s) as outlined abo lete has been clea	ove. A copy ared for pa	of the physical exam is on	record in my	office a	ind can be mad	de available to the	parent clinical contraindications to pr school at the request of the parents. I and the potential consequences are	If condi-
Name of physician (print	(type)				-			Date	
Address								Phone	

, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name Sex □	M D F Age Date of birth
☐ Cleared for all sports without restriction	
$\hfill \Box$ Cleared for all sports without restriction with recommendations for further evaluation of	or treatment for
□ Not cleared	
☐ Pending further evaluation	
☐ For any sports	
☐ For certain sports	
Reason	
Recommendations	
I have examined the above-named student and completed the preparticipa clinical contraindications to practice and participate in the sport(s) as outli and can be made available to the school at the request of the parents. If co the physician may rescind the clearance until the problem is resolved and	ined above. A copy of the physical exam is on record in my office orditions arise after the athlete has been cleared for participation,
(and parents/guardians).	
Name of physician (print/type)	Date
Address	Phone
Signature of physician	
EMERGENCY INFORMATION	
Allergies	
Other information	

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