Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

me _	Date of birth											
ight _	Weight % Body fat (optional) Pulse BP/ (/	_,	_/									
ion	R 20/ L 20/ Corrected: Y N Pupils: Equal Unequal											
	Follow-Up Questions on More Sensitive Issues	Yes	No									
	1. Do you feel stressed out or under a lot of pressure?											
	2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days											
	3. Do you feel safe?											
	4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?											
	5. During the past 30 days, did you use chewing tobacco, snuff, or dip?											
	6. During the past 30 days, have you had at least 1 drink of alcohol?											
	7. Have you ever taken steroid pills or shots without a doctor's prescription?											
	8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?											
	 Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc 											
	Notes:											

	NORMAL	ABNORMAL FINDINGS	INITIALS*					
MEDICAL			,					
Appearance								
Eyes/ears/nose/throat								
Hearing								
Lymph nodes								
Heart								
Murmurs								
Pulses								
Lungs								
Abdomen								
Genitourinary [†]								
Skin								
MUSCULOSKELETAL								
Neck								
Back								
Shoulder/arm								
Elbow/forearm								
Wrist/hand/fingers								
Hip/thigh								
Knee								
Leg/ankle								
Foot/toes								
*Multiple-examiner set-up on †Having a third party present	ly. t is recommended fo	r the genitourinary examination.						
Date of exam	1							
	Charles and Charle	can play:SwimmingWrestling Cheerleading Track	_Goalball					
Name of physician (prin	t/type)	Date	Date					
Address		Phone						
Signature of physician			. MD or DC					

© 2004 American Academy of Ramily Physicians, American Academy of Pedatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Oetopathc Academy of Sports Medicine.

Preparticipation Physical Evaluation



Name		ATE	OF EXA	M														
GradeSchool Overhook School for the Billind Sport(s)		Nan	he								Se	Y	٥ne		Date of hirth			
Address Phone Personal physician In case of emergency, contact Name Relationship Phone (H) (W) Explain "Yes" answers below. (Cricel questions you don't know the answers to Yes No 1. Has a doctor over denied or restricted your participation in sports for any reason? (W) 24. Do you cough, wheeze, or have difficulty breathing Yes No 2. Do you have an ongoing medical condition (In the dubates or asthmu?) (In the dubate			1914-01	chool Ove	erbrook Scl	hool for th							_					
Personal physician In case of emergency, contact Name Relationship Phone (f) (W) Explain "Vest" answers below. (W) (W) Explain "Vest" answers below. (W) (W) 1 Has a dootor wer denied or restricted your Yes No 2 Da yeu have an engoing metalical constition (W) (W) 3 Are you currently taking any prescription or (P) (W) 2 Da yeu have an engoing metalicons, pollens, foods, or singing insect? (P) (W) (W) 3 Have you wer passed out or nearly passed out or DRINK exercise? (P) (W) have factorized? (P) 3 Have you wer passed out or nearly passed ou																	-3	
In case of emergency, contact Name Relationship Phone (H) (W) Explain "fee" answers below. Cricle questions you don't know the answers to. Yes No 1. Has a doctor ever denied or restricted your participation in sports for any reason? 25. Is there anyone in your family who has astima? 26. Have you ever used an inhaler or take astima medion?? 2. Do you have an orgoing medical condition (like diabets or astima)? 26. Have you ever used an inhaler or take astima medion?? 27. Were you bawe introduced are your misming a likely: an eye, a testicle, or any other organ? 3. Are you courtently taking any prescription or nonprescription lower-the-courterin medicines or pills? 28. Have you have an argues, pressure sone, or other aking problems? 4. have you veer passed out or nearly passed out AFTECR exercise? 31. Have you veer had a near injection? 3. Have you veer passed diacomfort, pain, or pressure in your check during exercise? 33. Have you veer had a near injection? 9. Has a doctor ever locid you thary our secret and a secture? 34. Do you have any rescription or measer compas or houting in the head, do you have any rescription? 10. Have you veer had a last for your (check all that apply): 11. Have you veer had a near morting? 34. Do you hour any recription the your (from example, EOG, echocardiogram) 11. Have you veer had a near problem? 11. Have you veer had an latest or your (from example, EOG, echocardiogram)	3			25 125											_ Phone			
Name Relationship Phone (H) (W) Explain "fes" answers below. Crice questions you don't know the enswers to. Yes No 1. Has a dotor ever denied or restricted your participation in sports for any reason? 2 2 2.0 byou cough, wheeze, or have difficulty breathing Pers No 1. Has a dotor ever denied or restricted your participation in sports for any reason? 2 2 1. Have you wor family who has asthma? 2 2. Do you have an orgoing medical condition (like diabetes or asthma?? 2 2 1. Have you wor family hour bas settma? 2 3. Are you currently taking any prescription or nonprescription (wort-the-courter) medicines or pills? 2 2 2 2 3 3 3 3 3 A heavy you have an enging medical contains 2 3 3 4 by you have an enging medical contains 1 3 A heavy you have an enging medical contains 1 3 A heavy you have an enging medical contains 1 3 A heavy you were had a head on beer contased or lod your memory? 2 3 1 Have you were had a head and beer contased or lod your memory? 3 1 Have you were had a head and beer contased or lod your memory? 3 1 Have you were had a sesture? 3 1 </td <td></td> <td>Pers</td> <td>sonal phy</td> <td>/sician</td> <td></td>		Pers	sonal phy	/sician														
Explain "Yes" enswers below. Yes No Circle questions you don't know the answers to. Yes No 1. Has a doctor ever denied or restricted your participation in sports for any reason?		In d	case of	emerge	ncy, co	ontact												
1. Has a doctor wer denied or restricted your participation in sports for any reason? 24. Boy double, wreaches? 2. Do you have an orgoing medical condition (like diabetes or astrwal? 25. Is there anyone in your family who has asthma? 2. Do you have an orgoing medical condition (like diabetes or astrwal? 27. Were you born without or area you missing a kidney, an eye, a testicle, or any other organ? 2. Do you have an orgoing medical condition (like diabetes or astrwal? 28. Have you ever used an inhaire or tubes attrama medicine? 2. Do you have any casteriation or nonprescription (over the counter) medicines or pills? 29. Do you have any rashes, pressure sores, or other singing insects? 3. Have you ever had a head injury or concussion? 28. Have you ever had a head injury or concussion? 3. Have you ever had a head injury or concussion? 29. Do you have hardaches with exercise? 3. Have you ever had a sector ever told you that you have (heck all that apply): 29. Have you ever had a sector ever told you that you have (heck all that apply): 11. Has a doctor ever told you that you have (heck all that apply): 29. Have you ever had a sector forgram 21. Does anyone in your family have a heat problem? 29. Have you ever had a sector ever fold you that you have a sprain, muscle or aface shield? 21. Hase you ever had a minipry, like a sprain, muscle or dislocated joints? (Hyse, oricle affected ares blow? 29. Have you aver had a stoctor? 29. Have you ever had a stoctor?		Nan	ne				_ Relatio	nship			_ Phone	(H)			(W)			
1. Has a doctor wer denied or restricted your participation in sports for any reason? 24. Boy double, wrecker, and the during or hailing during or affer searcise? 2. D you have an orgoing medical condition (like diabetes or astrwal? 25. Is there anyone in your family who has asthma? 2. D you have an orgoing medical condition (like diabetes or astrwal? 27. Doy uhave any cancing are you mising a kidney. an eye, a testicie, or any other organ? 2. D you have an orgoing medical condition (like diabetes or astrwal? 28. Have you ever used an inhaier or taken asthma medicale? 2. D you have an orgoing medical condition (like diabetes or astrwal? 28. Have you aver and there counters? 2. D you have any cancel were have allowed on the state asthma? 29. D you have any rashes, pressure scree, or other sing problems? 3. Have you ever had a head injury or concussion? 29. D you have any rashes during exercise? 3. Have you ever had a sector ever told you that you have (heck all that apply): 29. Have you ever had asted injury or concussion? 3. Has a doctor ever told you that you have (heck all that apply): 29. Have you ever had a sector for myour family have a hater problem? 10. Has a doctor ever told you that you have problems or of sudden death before age 50? 29. Have you ever had a steat problem? 21. Hase you ever paster the night in a happta? 29. Have you ever had a steat problem? 22. Does you main myor family have a haten problem? 20. Do you wer gasse		100		-							12/10	5.2.9				(1963)	Voc	No
1. Has a doctor ever denied or restricted your participation in sports for any reason? 25. Is there anyone in your finally who has asthma? 26. 2. Do you have an engoing medical condition (like diabets or asthma?)? 27. Were you obm without or are you missing a kidney, an eye, a testicle, or any other organ? 28. 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? 29. Have you are not an inheter or taken asthma? 20. 4. Do you have an enging medical condition (in the last month?) 29. Have you are not an inheter or taken asthma? 20. 5. Have you ever had a harges skin infection? 20. 20. On you have any rashes, pressure sores, or other skin problems? 20. 6. Have you ever had a harges skin infection? 21. Have you ever had a harges skin infection? 23. 7. Have you ever had disconfort, pain, or pressure in your check turing exercise? 23. Have you ever had a seizure? 23. 8. Does your heart race or skip beats during exercise? 23. Have you ever had a seizure? 23. 1. Have you ever had hast infection 24. How you have the adanches with exercise? 23. 1. Have you ever had a hart infection 24. Bas a doctor ever foil you mare or legs after being hit or falling? 23. 1. Does anyone in your fam							answers	to.			24.				or have difficulty bre	athing	10000000000	
participation in sports for any reason?				•				1000 ISB	Yes	No	25.	•			amily who has asthn	na?		
2. Do you have an ongoing medical condition (like diabates or ashma)?		1.							50.00	6.40	26.	Have yo	ou ever use	d an inl	haler or taken asthm	a medicine?		
(if id abates or asima)?		-	20 C								27.					kidney,	_	_
3. Are you currently taking any prescription or nonprescription (overthe-counter) medicines or pills?		2.				dical cor	ndition				00			en distante en el contra de sera	de antice de la construction de la			
nonprescription (over-the-counter) medicines op IIIs?		З.				prescrip	tion or				28.				mononucieosis (mo	no)		
or singing insects? 5. Have you ever passed out or nearly passed out DURING exercise? 6. Have you ever passed out or nearly passed out AFTER exercise? 7. Have you ever had discomfort, pain, or pressure in your check during exercise? 8. Does your heart race or skip beats during exercise? 9. Has a doctor ever told you that you have (check all that apply): 10. Has a doctor ever ordered a test for your heart? 10. Has a doctor ever ordered a test for your heart? 11. Has anytamily member or relative a beart problem? 12. Does anyone in your family have a heart problem? 13. Hase anytamily member or relative defined frequency 14. Have you ever had a seizure? 15. Have you ever path thin the head, and been confused or lost your memory? 16. Have you ever path that apply? 17. Has anytamily member or relative defined frequency 18. Have you ever path thin the nead indury or concussion? 19. Have you ever path that apply? 11. Has anytamily member or relative defined frequency 12. Does anyone in your family have a heart problem? 13. Have you ever path thight in a hospital? 14. Have you ever path as ingers? 15. Have you ever spath the night in a hospital? 16. Have you ever path as ingers? 17. Have you ever had as ingers? 18. Have you ever path as anytamily filed for no apparent reage? 19. Have you wer had as ingers? 11. Has anytamily died for no apparent reage? 12. Have you ever path the night in a hospital? 13. Have you ever path								r pills?			29.				pressure sores, or	other		
5. Have you ever passed out or nearly passed out DURING exercise? Image you ever had a head injury or concussion? Image you ever had a head injury or concussion? 1. Have you ever had disconfort, pain, or pressure in your chest during exercise? Image you ever had a head injury or concussion? Image you ever had a head injury or concussion? 2. Have you ever had disconfort, pain, or pressure in your chest during exercise? Image you ever had a head injury or concussion? Image you ever had a head injury or concussion? 3. Have you ever had an beat during exercise? Image you ever had a numbress, injurg, or weakness in your memory? Image you ever had a numbress injurg, or weakness in your amos relega after being hit or falling? 9. Hase doctor ever ofder d itest for your heart? (for example, ECG, echocardiogram) Image you ever had numbress, injurg, or weakness? 11. Has anyone in your family have a heart problem? Image you had any problems with your eves or vision? 12. Does anyone in your family have a heart problem? Image you ever had numproble is a goggles or a face shield? 13. Have you ever had an injury, like a sprain, muscle or ingament tear or tendinitis, that caused you to miss a practice or game? If yes, circle below: Image you hear you weng had any problems with your weight? 14. Have you had any broken or fractured bones, or dislocated joints? Image you hear you weng had an menstrual period? 14. Have you were had a manestrual period? Image you hear you when you had you first m		4.				dicines, p	pollens, fo	ods,		_								
DURING exercise?		Б	i popularia international and a second s	and the second second second second		r noorbu	nonond ou		Ц			10.050		2.5 3.3				
6. Have you ever plassed out or nearly passed out		U.				r nearry	passeu ou										ЦĻ	Щ
AFTER exercise? 33. Have you ever had a seizure? 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? 34. Do you have headaches with exercise? 8. Does your heart race or skip beals during exercise? 34. Do you have headaches with exercise? 9. Has a doctor ever told you that you have (check all that apply): A heart murrur High blood pressure A heart infection 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) 38. Have you ever bad any problems with your or someone in your family have a heart problem? 12. Does anyone in your family have a heart problem? 39. Have you wear protective eyewear, such as goggles or a face shield? 14. Does anyone in your family have Marfan syndrome? 43. Are you happy with your weight? 15. Have you ever had a ni jury, like a sprain, muscle or ligament tear or tendinis, that caused you to miss a practice or game? If yes, circle below: 44. Has anyone recommended you change your weight? 16. Have you ever had a ni nijury, like a sprain, muscle or ligament tear or tendinis, that caused you to miss a practice or game? If yes, circle below: 45. Do you inmer carefully control what you eat? 17. Have you ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or cructnes? If yes, circle below: 45. Do you have any ported have you had in the last year? 18. Have you been told that you have or have yo		6.				r nearly	passed ou	t			32.				nead and been con	fused		
7. Have you ever had discomfort, pain, or pressure in your rest during exercise? 8. Does your heart race or skip beats during exercise? 9. Has a doctor ever told you that you have (check all that apply): 11. Has anyone in your family died for o apparent reason? 12. Does anyone in your family died for no apparent reason? 13. Has any family member or relative died of heart problems or of sudden death before age 50? 14. Does anyone in your family died for a paprent reason? 15. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused bolts? 16. Have you ever had any broken or fractured bones, or dislocated joints? 17. Have you had a bone or joint injury that required x-rays, MR, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or curches? If yes, circle below: 14. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 20. Have you ever had a stress fracture? 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?											33.	1000100			zure?			
8. Does your heart race or skip beats during exercise? □ 9. Has a doctor ever told you that you have (check all that apply): □ □ High blood pressure □ A heart infection 10. Has a doctor ever order a test for your heart? (for example, ECG, echocardiogram) □ 11. Has anyone in your family lave a heart problem? □ 12. Does anyone in your family lave a heart problem? □ 13. Has e you ever had surger? □ 14. Does anyone in your family have a heart problem? □ 15. Have you ever had surger? □ 16. Have you ever had surger? □ 17. Have you ever had surger? □ 18. Have you had a broken or fractured bones, or dislocated joints? If yes, circle below: □ 19. Have you had a broken or fractured bones, or dislocated joints? If yes, circle below: □ 19. Have you had a broken or fractured bones, or dislocated joints? If yes, circle below: □ 19. Have you had a broken or fracture? □ 11. Have you been told that you have or have you had an xray for atlantoaxial (neck) instability? □ 20. Have you been told that you have or have you had an xray for gualantoaxial (neck) instability? □ 21. Have you been told that you have or have you had an xray for gualantoxial (neck) instability? □						ort, pain,	or pressu	re in		Ξ.								
9. Has a doctor ever told you that you have (check all that apply): In you arms or lega after being hit or failing? 11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) In the exercising in the heat, do you have severe muscle oramps or become ill? 11. Has anyone in your family died for no apparent reason? Image: the exercising in the heat, do you have severe muscle oramps or become ill? 12. Does anyone in your family have a heart problem? Image: the exercising in the heat, do you have severe muscle or samps or become ill? 13. Has any family member or relative died of heart problems or of sudden death before age 50? Image: the you had any problems with your weigs or vision? 14. Does anyone in your family have Marfan syndrome? Image: the you ever spent the night in a hospital? 15. Have you ever spent the night in a hospital? Image: the you had any problems with your weight? 18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? Image: the you had a book? 19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: Image: the you had a menstrual period? 19. Have you ever had a stress fracture? Image: the you had in the last year? 20. Have you ever had a stress fracture? Image: the you had a menstrual period? 21. Have you ever had a stress fracture? Image: the you had in the last year?			1. Surger			hoate d	uring over	cieo?			35.						_	
Check all that apply: Check all that apply: Check all that apply: High blood pressure A heart infection High blood pressure A heart infection 10. Has a doctor ever ordered a test for your heart? Check all that apply: (for example, ECG, echocardiogram) Check anyone in your family died for no apparent reason? 11. Has anyone in your family have a heart problem? Check any family member or relative died of heart problems or of sudden death before age 50? 12. Does anyone in your family have Marfan syndrome? Check anyone in your family have Marfan syndrome? 14. Does anyone in your family have Marfan syndrome? Check anyone in your weight? 15. Have you ever had an injury, like a sprain, muscle or game? If yes, circle affected area below: Check anyone recommended you change your weight? 16. Have you ever had a ninjury, like a sprain, muscle or dislocated jointa? If yes, circle below: Check anyone recommended you change your weight? 18. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: Cheet fingers' answers here: 19. Have you ever had a stress fracture? Cheet fingers' answers here: Explain "Yes" answers here: 20. Have you ever had a stress fracture? Cheet fingers' answers here: Explain "Yes" answers here:								CISET				10.000		700 I.S.	500 SRC SRC			
 High blood pressureA heart murrurHigh blood pressureA heart infection											36.					ms or		
11. Has a doctor ever ordered a test for your heart? Image doctor ever ordered a test for your heart? 10. Has a doctor ever ordered a test for your heart? Image doctor ever ordered a test for your heart? 11. Has anytone in your family died for no apparent reason? Image doctor ever ordered a test for your heart? 12. Does anyone in your family have a heart problem? Image doctor ever ordered a test for your heart? 12. Does anyone in your family have Marfan syndrome? Image doctor ever ordered a test for your heart? 14. Does anyone in your family have Marfan syndrome? Image doctor ever had an injury, like a sprain, muscle or ligament tear or tendinits, that caused you to miss a practice or game? If yes, circle affected area below: Image doctor ever had an injury, like a sprain, muscle or discuss with a doctor? 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: Image doctor? 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: Image doctor? 20. Have you ever had a stress fracture? Image doctor? 21. Have you ever had a stress fracture? Image doctor? 22. Dray u regularly use a brace or assistive device? Image doctor? 23. Has a doctor ever told you that you have astma Image doctor?											37.					vere	107 W.	
(for example, ECG, echocardiogram) 11. Has anyone in your family died for no apparent reason? 12. Does anyone in your family have a heart problem? 13. Has a doctor bit you de abard problem? 14. Does anyone in your family have Marfan syndrome? 15. Have you ever spent the night in a hospital? 16. Have you ever spent the night in a hospital? 17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle below: 18. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 19. Have you ever had a stress fracture? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Do you regularly use a brace or assistive device? 23. Has a doctor ever told you that you have asthma								· 2				muscle	cramps or	becon	ne ill?			
11. Has anyone in your family died for no apparent reason?		IV.						.1			38.							
12. Does anyone in your family have a heart problem?		11.	Has anyo	ne in your	family di	ied for no	o apparent	reason?			30						100	
 13. Has any family member or relative died of heart problems or of sudden death before age 50? 14. Does anyone in your family have Marfan syndrome? 15. Have you ever spent the night in a hospital? 16. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: 18. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 19. Have you bad a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 20. Have you veer had a stress fracture? 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 23. Has a doctor ever told you that you have asthma 		12.	Does any	one in you	ur family h	have a h	eart proble	em?				and the second se	Los and Los Charles A State of Contracts	and a second sec	and a second			
a face shield? 14. Does anyone in your family have Marfan syndrome? 15. Have you ever spent the night in a hospital? 16. Have you ever had surgery? 17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: 18. Have you had na bone or fractured bones, or dislocated joints? If yes, circle below: 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 14. Does anyone in your family have Marfan syndrome? 17. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 19. Have you ever had a stress fracture? 20. Have you ever had a stress fracture? 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 23. Has a doctor ever told you that you have asthma		13.						t	-	-						ggles or		
15. Have you ever spent the night in a hospital? 42. Are you happy with your weight? 16. Have you ever had surgery? 43. Are you trying to gain or lose weight? 17. Have you ever had an injury, like a sprain, muscle or ligament lear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: 44. Has anyone recommended you change your weight or eating habits? 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: 45. Do you limit or carefully control what you eat? 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 46. Do you have any concerns that you would like to discuss with a doctor? 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 48. How old were you when you had your first menstrual period? 49. How many periods have you had a stress fracture? 49. How many periods have you had in the last year? 49. How many periods have you had in the last year? 20. Have you ever had a stress fracture? 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 42. Are you happy with you have asthma		14	C.C				122.00	omo?									5.56	
16. Have you ever had surgery? 17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: 44. Has anyone recommended you change your weight or eating habits? 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: 1 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 1 Head Neck Shoukler Upper arm Lower Ling Forearm 10. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 1 22. Do you regularly use a brace or assistive device? 1 23. Has a doctor ever told you that you have asthma 1								omei										
17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below:			Contraction and a second seco second second sec	the second s			oopitui										Ц	
ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: - 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: - 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: - Head Neck Shoukler Upper arm Lower back Hip Thigh Knee Calf/shin 20. Have you ever had a stress fracture? - - 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? - - 22. Do you regularly use a brace or assistive device? - - 23. Has a doctor ever told you that you have asthma - -	-						prain, mus	cle or			44.			nmend	ed you change your	weight	Π	Π
18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: 19. Head Neck Shoukler Upper Lower back 20. Have you ever had a stress fracture? 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 23. Has a doctor ever told you that you have asthma			ligament	tear or ten	dinitis, the	at cause	d you to m	niss a	_	_	45.		and the second second second second second	refully	control what you ea	t?		
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: Image: discuss with a doctor? Head Neck Shoukler Upper arm Elbow fingers Forearm fingers Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/toes 20. Have you ever had a stress fracture? Image: classified eventses Image: classified eventses Image: classified eventses 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Image: classified eventses Image: classified eventses 22. Do you regularly use a brace or assistive device? Image: classified eventses Image: classified eventses Image: classified eventses 23. Has a doctor ever told you that you have asthma Image: classified eventses Image: classified eventses Image: classified eventses		10		and the second					Ц						1750			
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: Image: Chest fingers indicating the stress indicating the stre		10.						Jr				discuss	with a doc					
MRI, CI, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: - Head Neck Shoukler Upper arm Elbow forearm Hand/ fingers Upper back Hip Thigh Knee Calf/shin Ankle Foot/toes 20. Have you ever had a stress fracture? Image: Construction of the con		19.	Have you	had a bo	ne or join	nt injury t	hat require							d a ma	netrual pariod?		П	
Head Neck Shoukler Upper arm Elbow Forearm Hand/ fingers Chest fingers Explain "Yes" answers here:									. —	_						strual period		
Head Neck Shoulder Upper arm Elbow Forearm Hand/ fingers Chest fingers Explain "Yes" answers here: Upper back Hip Thigh Knee Calf/shin Ankle Foot/toes 20. Have you ever had a stress fracture? Image: Calf/shin ankle Foot/toes Image: Calf/shin ankle Foot/toes 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Image: Calf/shin ankle Image: Calf/shin																		
Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/toes 20. Have you ever had a stress fracture? □ □ 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? □ □ 22. Do you regularly use a brace or assistive device? □ □ 23. Has a doctor ever told you that you have asthma □ □	H	lead	Neck	Shoulder		Elbow	Forearm		Chee	st			provide the second provide the second		and the provide a possible of a standard standard and			
back back	π	Jpper	Lower	Hip		Knee	Calf/shin		Foot/	toes				8.3				
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? □ 22. Do you regularly use a brace or assistive device? □ 23. Has a doctor ever told you that you have asthma □					and the second second	ana dentrolità.												
an x-ráy for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 23. Has a doctor ever told you that you have asthma											57 <u>-</u>							
22. Do you regularly use a brace or assistive device? Image: Constraint of the second		21.						had										
23. Has a doctor ever told you that you have asthma								10 .										
											10							
					, .	,	and to <u>Mariaka</u>	9029			25							

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
Signature of athlete______ Date _____ Date _____

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Ortbopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.