Print Clear all fields

COLLEGE OF MARIN

PHYSICAL EDUCATION

Athletic Pre-Participation Screening Exam and History Form

Name (Last name first): _____

Address:_____ City: _____State:_____Zip:_____

Age:_____Birth Date:_____Sex:_____Sport(s):_____

Health Insurance: _____ Policy #: _____

Medicines and allergies: Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:

Do you have any allergies? ☐ Yes ☐ No If Yes, please identify specific allergy below:

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

PART 1: HEALTH HISTORY GENERAL QUESTIONS (Complete prior to exam)	**Yes**	**No**
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other:_____	☐	☐
3. Have your ever spent the night in the hospital?	☐	☐
4. Have you ever had surgery?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	☐	☐
6. Have you ever had discomfort, pain, tightness, of pressure in your chest during exercise?	☐	☐
7. Does your heart ever race or skip beats (irregular beats) during exercise?	☐	☐
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ High cholesterol ☐ Kawasakidisease ☐ A heart murmur ☐ A Heart infection ☐ Other:	☐	☐
9. Has a doctor ever ordered a test for your heart? (for example, ECG/EKG, echocardiogram)	☐	☐
10. Do you get lightheaded or feel shortness of breath more than expected during exercise?	☐	☐
11. Have you ever had an unexplained seizure?	☐	☐
12. Do you get more tired of short of breath more quickly than your friends during exercise?	☐	☐

COLLEGE OF MARIN

PHYSICAL EDUCATION

Athletic Pre-Participation Screening Exam and History Form

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	☐	☐
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, Short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?	☐	☐
15. Does anyone in your family have a heart problem, pacemaker, or an implanted defibrillator?	☐	☐
16. Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?	☐	☐
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or game?	☐	☐
18. Have you ever had any broken or fractured bones or dislocated joints?	☐	☐
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?	☐	☐
20. Have you ever had a stress fracture?	☐	☐
21. Have you ever been told that you have, or have you had an x-ray for neck instability or atlantoaxial instability?	☐	☐
22. Do you regularly use a brace, orthotics, or other assistive device?	☐	☐
23. Do you have a bone, muscle or Joint injury that bothers you?	☐	☐
24. do any of your joints become painful, swollen, feel warm, or look red?	☐	☐
25.Do you have any history of juvenile arthritis or connective tissue disease?	☐	☐
MEDICAL QUESTIONS	**Yes**	**No**
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
27. Have you ever used an inhaler or taken asthma medicine?	☐	☐
28. Is there anyone in your family who has asthma?	☐	☐
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	☐	☐
30. Do you have groin pain or a painful bulge or hernia in the groin area?	☐	☐
31. Have you had infectious mononucleosis (Mono) within the last month?	☐	☐

COLLEGE OF MARIN

PHYSICAL EDUCATION

Athletic Pre-Participation Screening Exam and History Form

MEDICAL QUESTIONS	Yes	No
32. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
33. Have you ever had a herpes or MRSA skin infection?	☐	☐
34. Have you ever had a head injury or concussion?	☐	☐
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?	☐	☐
36. Do you have a history of seizure disorder?	☐	☐
37. Do you have headaches with exercise?	☐	☐
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
39. Have you ever become ill while exercising in the heat?	☐	☐
40. Do you get frequent muscle cramps when exercising?	☐	☐
41. Do you or someone in your family have sickle cell trait or disease?	☐	☐
42. Have you had any problems with your eyes or vision?	☐	☐
43. Have you had any eye injuries?	☐	☐
44. Do you wear glasses or contact lenses?	☐	☐
45. Do you wear protective eyewear, such as googles or a face shield?	☐	☐
46. Do you worry about your weight?	☐	☐
47. Are you trying to or has anyone recommended that you gain or lose weight?	☐	☐
48. Are you on a special diet or do you avoid certain types of foods?	☐	☐
49. Have you ever had an eating disorder?	☐	☐
50. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
WELLNESS QUESTIONS	**Yes**	**No**
Do you feel stressed out or under a lot of pressure?	☐	☐
Do you ever feel sad, hopeless, depressed or anxious?	☐	☐
Do you often have trouble falling sleeping and/or staying asleep?	☐	☐
Do you wish you had more energy most days of the week?	☐	☐
Do you think about things over and over?	☐	☐
Have you been feeling no interest in things?	☐	☐
Do you ever feel anxious and nervous much of the time?	☐	☐

COLLEGE OF MARIN

PHYSICAL EDUCATION

Athletic Pre-Participation Screening Exam and History Form

WELLNESS QUESTIONS	Yes	No
Do you often feel sad, blue or depressed?	☐	☐
Do you struggle with being confident?	☐	☐
Do you have feelings of hurting yourself or others?	☐	☐
Do you have a hard time managing your emotions (frustration, anger, impatience)?	☐	☐
Do you feel hopeless about the future?	☐	☐
Do you have feeling of worthlessness?	☐	☐
Have your ever thought about or wanted to commit suicide?	☐	☐
Do you have difficulty concentrating or making decisions?	☐	☐
Do you feel safe at your home or residence?	☐	☐
Do you often have difficulty getting things in order when you have to do a task that requires organization?	☐	☐
Do you often have problems remembering appointments or obligations?	☐	☐
Do you often fidget or squirm with your hands or feet when you have to sit for a long period of time?	☐	☐
Do you drink alcohol or use any other drugs?	☐	☐
Have you ever taken anabolic steroids or used any other performance supplement	☐	☐
Have you ever taken any supplements to help you gain or lose weight or improve your performance?	☐	☐
Do you wear a seat belt, use a helmet and use condoms?	☐	☐

Explain "YES" answers here:

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

Signature of Athlete: _____

Signature of parent/guardian if under 18 years: _____

COLLEGE OF MARIN

PHYSICAL EDUCATION

Athletic Pre-Participation Screening Exam and History Form

PART 2: ATHLETIC PRE-PARTICIPATION SCREENING EXAM (Completed by examining Physician, Physician assistant, Nurse practitioner, D.O)		
Height: Weight: ☐ Male ☐ Female		
Bloodpressure: / Pulse: Vision: R20/ L 20/ Corrected: ☐ Yes ☐ No		
MEDICAL	**Normal**	**Abnormal Findings**
Appearance *Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	☐	☐
Eyes/ears/ throat *Pupils equal *Hearing	☐	☐
Lymph nodes	☐	☐
Heat *Murmurs (auscultation standing, supine, +/- Valsalva) *Location of point of maximal impulse (PMI)	☐	☐
Pulses *Simultaneous femoral and radial pulses	☐	☐
Lungs	☐	☐
Abdomen	☐	☐
Genitourinary (males only)	☐	☐
Skin *HSV, lesions suggestive of MRSA, tinea corporis	☐	☐
Neurologic	☐	☐
MUSCULOSKELETAL	**Normal**	**Abnormal Findings**
Neck	☐	☐
Back	☐	☐
Shoulder / arm	☐	☐
Elbow / forearm	☐	☐
Wrist / hand / fingers	☐	☐
Hip / thigh	☐	☐
Knee / patella	☐	☐

COLLEGE OF MARIN

PHYSICAL EDUCATION

Athletic Pre-Participation Screening Exam and History Form

Leg /ankle	☐	☐
Foot / toes	☐	☐

Use this space to describe abnormalities:

☐ Cleared for all sports withoutrestriction

☐ Cleared for all sports without restriction with recommendation for further evaluation or treatment for:

☐ Not Cleared

☐ No participation until (date):_____

No participation pending further evaluation:_____

Name of physician (print/type):_____Date:_____

Address:_____

Phone:_____

Signature of Physician:_____ License #_____