IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1\ PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's, superintendent a certificate *signed by a licensed physician and surgeon, osteopathic physician and surgeon. osteopath, advanced registered nurse practitioner (ARNPJ, physician's assistant or qualified doctor of chiropractic,* to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of *physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to* exceed *thirty (30) days, is allowed for expired certifications of physical examination.*

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name _____ Male Female Date of Birth _____ Grade _____

Home Address _____ Phone # _____

Parent's/Guardian's Name _____ Date _____

Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a *parent or guardian. A parent or guardian is required to sign on the other side* of *this form after the examination.)*

	Yes	*No*	*Has this student ever had?*
1.		_____	Chronic or recurrent illness or injury?
2.		_____	Any illness lasting more than one (1) week?
3.		==	Mononucleosis or Rheumatic fever?
4.			Hospitalizations (Overnight or longer)?
5.		_____	Surgery, other than tonsillectomy?
7.		_____	Allergies to pollen, stinging insects, food, etc.?
8.		_____	High blood pressure or high cholesterol?
9.		_____	Heart problems (Racing, murmur, skipped beats, infection, etc.?)
10.		_____	Chest pressure or pain with exercise?
11.		_____	Dizziness or fainting with exercise?
12.		_____	Excessive shortness of breath with exercise?
13.		_____	Seizures or frequent headaches?
14.		_____	Head injury, concussion, unconsciousness?
15.		_____	Numbness, tingling or weakness in arms or legs with contact?
16.		_____	Headache, memory loss, or confusion with contact?
17.		_____	Severe muscle cramps or become ill when exercising in the heat?

	Yes	*No*	*Has this student ever had?*
18.		_____	Asthma?
19.			Epilepsy, or other seizures?
20.			Diabetes?
21.			Herpes infection?
22		_____	Marfan Syndrome?
23.		_____	Eyeglasses or contact lenses?

	Yes	*No*	*Is there a history* of?
24.		_____	Injuries requiring medical treatment?
25.		_____	Neck injury?
26.		_____	Knee injury or surgery?
27.		_____	Other serious joint injuries?
28.		_____	Use of protective equipment or braces?

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29.			Has a doctor ever denied or restricted your participation in sports for any reason?
30.		_____	Do you have any concerns that you would like to discuss with your doctor?

	Yes	*No*	*Family History:*
31.		_____	Does anyone in your family have Marfan syndrome?
32.		_____	Has anyone in your family died suddenly for no apparent reason?
33.		_____	Has anyone in your family had a heart attack at less than 55 years of age?

Use this space to explain any "YES" answers from above (questions #1-33) or to provide any additional information:

_____

_____

_____

34. _____ Are you allergic to any prescription or over-the-counter medications? *If yes, list:* _____

35. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:

A. _____ B. _____ C. _____

36. Year of last known: Tetanus (lockjaw) vaccination: Meningitis vaccination: _____

37. What is the most and least you have weighed in the past year? *Most* *Least* _____

38. Are you happy with your current weight? *Yes* _____ *No* _____

FOR FEMALES ONLY:

1. How old were you when you had your first menstrual period? _____

2. In the past 12 months, what is the longest time you have gone between menstrual periods? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should NOT be used as* a *substitute fo1* ***regular health maintenance examinations.***

Athlete's Name_____ Height_____ Weight_____

Pulse_____ Blood Pressure_____ *(Repeat, if abnormal _____ /_____* Vision R *201*_____ L *201*_____

	NORMAL	*ABNORMAL FINDINGS*	*INITIALS*
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. *(See questions 26-30)*			
14. Neurological			

Comments regarding abnormal findings: ———————————————————

LICENSED MEDICAL PROFESSIONAL 'SATHLETIC PARTICIPATION RECOMMENDATIONS

FULL & UNLIMITED PARTICIPATION

LIMITED PARTICIPATION - *May NOT participate in the following (checked):*

Baseball_____ Basketball_____ Bowling_____ Cross Country____ Football _____ Golf _____ Soccer _____

Softball_____ Swimming __ Tennis Track _____ Volleyball _____ Wrestling _____

CLEARANCE PENDING DOCUMENTED FOLLOW UP OF_____

NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO_____

Licensed Medical Professional's Name *(Printed)* Date

Licensed Medical Professional's Signature Phone

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby verify the accuracy of the information on the opposite side of this form and give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Name of Parent or Guardian *(Printed)* Signature of Parent of Guardian

Address (Street PO Box, City, State, Zip) Phone Number

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association, and Iowa Girls High School Athletic Union. Schools are encouraged NOT to change this form from its published format. Additional school forms can certainly be attached to it. 5/09