

300 South C Street, Tustin, CA 92780 | (714) 730-7301 | www.tustin.k12.ca.us

■ PREPARTICIPATION PHYSICAL EVALUATION

Part I - HISTORY FORM

Note: Complete and sign this form (with your parents if y Name:	•	. , ,				
Date of examination:	Sport(s):					
Sex assigned at birth (F, M, or intersex):	How do ;	How do you identify your gender? (F, M, or other):				
Have you had COVID-19? (check one): □ Y □ N						
Have you been immunized for COVID-19? (check one):	: □Y □N		had: □ One shot □ □ Booster date(s)			
List past and current medical conditions.						
Have you ever had surgery? If yes, list all past surgical p	rocedures.					
Medicines and supplements: List all current prescription	s, over-the-cou	ınter medicines, a	nd supplements (herbal	and nutritional).		
Do you have any allergies? If yes, please list all your al	lergies (ie, med	dicines, pollens, fo	ood, stinging insects).			
Patient Health Questionnaire Version 4 (PHQ-4)						
Over the last 2 weeks, how often have you been bother	red by any of t	he following prob	lems? (Circle response.)		
	Not at all	Several days	Over half the days	Nearly every day		
Feeling nervous, anxious, or on edge	0	1	2	3		
Not being able to stop or control worrying	0	1	2	3		
Little interest or pleasure in doing things	0	1	2	3		
Feeling down, depressed, or hopeless	0	1	2	3		
(A sum of ≥ 3 is considered positive on either subs	scale [question	s 1 and 2, or ques	stions 3 and 4] for scree	ening purposes.)		

(Ехр	IERAL QUESTIONS lain "Yes" answers at the end of this form. e questions if you don't know the answer.)	Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?		
3.	Do you have any ongoing medical issues or recent illness?		
HEA	RT HEALTH QUESTIONS ABOUT YOU	Yes	No
4.	Have you ever passed out or nearly passed out during or after exercise?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7.	Has a doctor ever told you that you have any heart problems?		
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



Ol	NE AND JOINT QUESTIONS	Yes	No	MEDI	CAL QUESTIONS (CONTINUED)	Yes
4.	Have you ever had a stress fracture or an injury			25.	Do you worry about your weight?	
	to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?				Are you trying to or has anyone recommended that you gain or lose weight?	
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?				Are you on a special diet or do you avoid certain types of foods or food groups?	
MEI	DICAL QUESTIONS	Yes	No	28.	Have you ever had an eating disorder?	
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?				LES ONLY	Yes
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			30.	Have you ever had a menstrual period? How old were you when you had your first menstrual period?	
18.	Do you have groin or testicle pain or a painful			-	When was your most recent menstrual period?	
19.	bulge or hernia in the groin area? Do you have any recurring skin rashes or			32.	How many periods have you had in the past 12	
	rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?				in "Yes" answers here.	
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?					
22.	Have you ever become ill while exercising in the heat?					
23.	Do you or does someone in your family have sickle cell trait or disease?					
24	Have you ever had or do you have any prob- lems with your eyes or vision?					

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Part II - PHYSICAL EXAMINATION FORM

Signature of health care professional:

Name:		D	ate of birth:		
PHYSICIAN REMINDERS					
1. Consider additional questions on more	-sensitive issues.				
Do you feel stressed out or under a					
Do you ever feel sad, hopeless, depDo you feel safe at your home or re	ressed, or anxious?				
	garettes, chewing tobacco, snuff, or dip	oś.			
During the past 30 days, did you us					
 Do you drink alcohol or use any oth 	ner drugs?				
	ids or used any other performance-enh nts to help you gain or lose weight or i				
 Do you wear a seat belt, use a heln 		iliprove your perio	ormances		
2. Consider reviewing questions on cardio		ry Form).			
EXAMINATION					
Height: Weight:					
BP: / (/) Pulse:	Vision: R 20/	L 20/	Corrected	: 🗆 Y	□N
COVID-19 VACCINE					
Previously received COVID-19 vaccine:					
Administered COVID-19 vaccine at this vis		\square Second dose	☐ Third dose	□ Boost	ter date(s)
MEDICAL			N	IORMAL	ABNORMAL FINDINGS
Appearance					
 Marfan stigmata (kyphoscoliosis, high- myopia, mitral valve prolapse [MVP], a 		hnodactyly, hyper	·laxity,		
Eyes, ears, nose, and throat					
Pupils equal					
Hearing					
Lymph nodes					
Heart ^a • Murmurs (auscultation standing, auscult	tation cuning and + Valcalya manauya	rl			
Lungs	alion supine, and ± valsaiva maneuve	11			<u> </u>
Abdomen					
Skin					
 Herpes simplex virus (HSV), lesions sug 	gestive of methicillin-resistant Staphylo	coccus aureus (MI	RSA), or		
tinea corporis					
Neurological					
MUSCULOSKELETAL			١	IORMAL	ABNORMAL FINDINGS
Neck					
Back					
Shoulder and arm					
Elbow and forearm					
Wrist, hand, and fingers					
Hip and thigh					
Knee					
Leg and ankle					
Foot and toes					
Functional Double-leg squat test, single-leg squat test.	est, and box drop or step drop test				
$^{\mbox{\tiny a}}$ Consider electrocardiography (ECG), echo	cardiography, referral to a cardiologis	t for abnormal ca	rdiac history	or examin	nation findings, or a combi-
nation of those.	1.			_	L
Name of health care professional (print or ty Address:	pej:		Phone		te:

, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM					
Name: Date of birth:					
□ Medically eligible for all sports without restriction					
□ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of					
□ Medically eligible for certain sports					
□ Not medically eligible pending further evaluation					
□ Not medically eligible for any sports Recommendations:					
I have examined the student named on this form and completed the preparticipation physic apparent clinical contraindications to practice and can participate in the sport(s) as outlined examination findings are on record in my office and can be made available to the school at a rise after the athlete has been cleared for participation, the physician may rescind the med and the potential consequences are completely explained to the athlete (and parents or guarantee).	on this form. A co the request of the ical eligibility until	ppy of the physical parents. If conditions			
Name of health care professional (print or type):	Date:				
Address:	Phone:				
Signature of health care professional:		, MD, DO, NP, or PA			
SHARED EMERGENCY INFORMATION					
Allergies:					
Medications:					
Other information:		<u> </u>			
Emergency contacts:					

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