

**HISTORY FORM** Parent/Athlete fill out prior to physical evaluation

(757) 278-3360 • Fax (757) 823-2695

(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.)

Medicines and Allergies: Please list all of the prescription and over-line-counter medicines and supplements therebal and nutritional that you are currently taking Medicines and Allergies: Please list all of the prescription and over-line-counter medicines and supplements therebal and nutritional that you are currently taking Medicines and Allergies: Please list all of the prescription and over-line-counter medicines and supplements therebal and nutritional that you are currently taking Medicines and Allergies: Please list all of the prescription and over-line-counter medicines and supplements therebal and nutritional that you are currently taking Medicines and Allergies (Please Medicines) and the prescription and over-line counters to the supplements of the supplements of the prescription and the prescription and over-line-counter medicines and supplements therebal and nutritional that you are currently taking Medicines and Supplements (Please Special Counters of the prescription and over-line counters of the prescription and the prescrip	Date of Exam					
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional), that you are currently taking which is a construction of the process of the proces	Name			Date of birth		
Do you have any altergrees?   Yes   No. If yes, please Identify specific altergy below.  Captain "Yes" answers below. Circle questions you don't know the answers to.  GERERAL QUESTIONS  Captain have not recorded or restricted your participation in sports for a sep restant?  The a color rever consider or restricted your participation in sports for sep restant?  The a color rever recorded or restricted your participation in sports for sep restant?  The a color rever recorded receivable or participation in sports for sep restant?  The a color rever recorded conditions? If so, please Identify below.   Activation   Activation	Sex Age Grade Sch	nool		Sport(s)		
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after execution?  De you have many regulary medical conditions? If so, please identify below. A chimn   Avenue   Disabetes   Infections   Chine.    3. Have you never part the night in the hospital?  ### Have you never dand surgery?  ###################################	GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
below: A charms   Anemia   Diabetes   Infections						
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HEART HEALTH QUESTIONS ABOUT YOU  5. Have you ever passed out or nearly passed out DURING or ATTER tearcasts.  6. Have you ever had disconflort, pain, tightness, or pressure in your chest during exercise?  7. Does you free that disconflort, pain, tightness, or pressure in your chest during exercise?  8. Has a doctor ever not or skip beats (irregular beats) during exercise?  8. Has a doctor ever bid you that you have any heart problems? If so, cheek all that apply:  8. Hish bedoet pressure  9. Hish bedoet group in the control of pressure  9. Hish bedoet disease.  9. Hes a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)  10. Do you get inhoheded or feel more short of breath than expected during exercise?  12. Do you get more tired or short of breath more quickly than your friends during exercise?  12. Do you get more tired or short of breath more quickly than your friends during exercise?  12. Do you get more tired or short of breath more quickly than your friends during exercise?  13. Have you ever had in unexplained seizure?  14. Have you ever had in unexplained seizure?  15. Does up the meeting of short of breath more quickly than your friends during exercise?  16. Have you ever had on unexplained seizure?  17. Does you get more tired or short of breath more quickly than your friends unexpected or unexplained soudes death before age 50 (including drowning, unexplained car acidion in or audion irriant leads syndrome, your get introlled source age 50 (including drowning, unexplained car acidion in or audion irriant leads syndrome, your get introlled source age 50 (including drowning, unexplained car acidion irriant leads syndrome, or calescholarninergic polymorphic verified verifications according youngly, long 17 (including the your ever had an injury that pricing according to the your everified that your everified individed in the problems, and a set of the your would like to discuss with a doctor?  15. Have you ever had an injury that pricing acid, replained everified that ca		-				-
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check all that apply:    High botto pressure   A heart murmur   High cholestord   A heart infection   Savasaki disease   Other:	7. Does your heart ever race or skip beats (irregular beats) during exercise?					
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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, arrythmogenic right ventricular cardiomyopathy, Marfan syndrome, short OT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a 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 an singury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?  21. Have you ever had a stress fracture?  22. Do your guight yus a brace, or officis, 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?  144. 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?						
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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? (Down syndrome or dwarfism)  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?  I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.				Explain "yes" answers here		
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hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.						
			<u> </u>			
Signature of athlete Date Date						



Name \_

Signature of physician \_

NORFOLK STATE SPARTAN HEALTH CENTER
100 Park Ave., Suite 101 • Norfolk VA 23504 (757) 278-3360 • Fa

## **PHYSICAL EXAMINATION FORM**

Date of birth \_

We see the future in you.

IOI - IA	0f101K, VA 25504	
x (757	) 823-2695	

PHYSICIAN REMINDERS  1. Consider additional questions on more sensitive issues  • Do you feel stressed out or under a lot of pressure?  • Do you ever feel sad, hopeless, depressed, or anxious?  • Do you feel safe at your home or residence?  • Have you ever tried cigarettes, chewing tobacco, snuff, or dip?  • During the past 30 days, did you use chewing tobacco, snuff, or dip?  • 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 supplements.  • Do you wear a seat belt, use a helmet, and use condoms?  2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).	rformance?		
EXAMINATION			
Height Weight 🗆 N	lale □ Female		
	sion R 20/	L 20/	Corrected □ Y □ N
MEDICAL	NORMAL		ABNORMAL FINDINGS
Appearance  • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)  Eyes/ears/nose/throat			
Pupils equal     Hearing			
Lymph nodes			
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva)  • Location of point of maximal impulse (PMI)			
Pulses  Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin  HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
MUSCULOSKELETAL			
Neck			
Back Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional  Duck-walk, single leg hop			
<sup>a</sup> Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. <sup>a</sup> Consider GU exam if in private setting. Having third party present is recommended. <sup>a</sup> Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.			
☐ Cleared for all sports without restriction			
☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment.	atment for		
□ Not cleared			
☐ Pending further evaluation			
☐ For any sports			
☐ For certain sports			
Reason			
Recommendations			
I have examined the above-named student and completed the preparticipation physical participate in the sport(s) as outlined above. A copy of the physical exam is on record in arise after the athlete has been cleared for participation, a physician may rescind the cleate to the athlete (and parents/guardians).  Name of physician (print/type)	my office and can be n arance until the probler	nade available to th	e school at the request of the parents. If condit
Address			Phone

MD or DO/PA/APNP