

### Nebraska School Activities Association School Sports Qualifying Screening Evaluation

Please Complete in Ink

INSTRUCTIONS FOR COMPLETING THE PRE-PARTICIPATION FORM

#### REASONS FOR RECOMMENDED CHANGES IN PRE-PARTICIPATION PHYSICAL FORMS

The NSAA's Sports Medicine Advisory Committee has recommended that schools utilize a different form and different procedures than have previously been used for activities pre-participation physical examinations. Medical professionals on the NSAA Sports Medicine Advisory Committee expressed concerns that some of the processes of collection of and access to confidential student medical information for athletic participation purposes would likely constitute an infringement of privacy.

In the past, the two-part NSAA pre-participation physical form included (1) a page of student medical history, and (2) a page with the actual examination report. Once the physical examination was completed, both the medical history and examination report were filed with the student's high school, often by the physician or medical clinic—a practice that has been challenged as infringing on privacy.

The attached form is a product of and used with the approval of the American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

This proposed three-part form includes (1) a History Form; (2) the actual Physical Examination Form; and (3) the Clearance Form. It is anticipated that the examining physician would retain on file the History Form and the Physical Examination Form, with only the Clearance Form being returned to the student to be placed on file in the school office.

#### SCHOOL ENTRY PHYSICAL EXAMINATIONS

This physical examination form and procedures is intended for pre-participation athletic physicals. In the past, some schools have utilized the NSAA physical form for school-entry physicals. This form could be used for that purpose, as well, but it is important to note that there may be important components of the school-entry physical examination requirements that are not included on this form (e.g., vision examination).

#### SIGNATURE(S)

For the form to be valid, it must be signed by a physician or medical person within the scope of his/her training and within the limits defined by state statutes as to services which can be legally performed by the field of practice to which the individual belongs.

#### PARENTAL CONSENT FORM

The Parental Consent Form is a form based on current language making sure parents and athletes understand completely there are risks with any athletic activity. This form is very "generic" and can be easily modified to fit the individual school. Since some schools may want to be very specific in their forms, this form may be modified. It is currently designed to refer to a school's specific sets of policies, rules and regulations for athletic participation. The Parental Consent Form should be place on file for every student who participates in NSAA activities, athletic and non-athletic.

## **Preparticipation Physical Evaluation**



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11. Has anyone in your family died for no apparent reason?       12. Does anyone in your family have a heart problem?       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 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. Have you been told that you have any concerns that you would like to discuss with a doctor?     19. Have you been told that you have any concerns that you would like to discuss with a doctor?     19. Have you been told that you have any concerns that you would like to discuss with a doctor?     19. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?     10. 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 or allergies?      I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.   Signature of athlete	10.	Has a do	octor ever omple, ECG,	ordered a G, echocard	a test for y rdiogram)	your heartí n)				38.	. Has	s a doctor told y	you that you or someone in your	r		
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 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 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. Have you bean 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?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  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  Date  2004 American Academy of Family Physicians, American Academy of sports Medicine, and American Medical Society for Sports Medicine, American Medicine, and American Sciegatish Academy of sports Medicine, and American Medical Society for Sports Medicine, American Medicine, and American Sciegatish Academy of sports Medicine, and an ersults of the actual physical examination to the school for the purposes of participation in athletics and activities.											. Have	ve you had any	y problems with your eyes or visio	on?		
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MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:   Head Neck Shoulder Upper arm Hand/ Chest fingers 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 or allergies?  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 Date  204. American Academy of Family Physicians, American Academy of Sports Medicine, and American Osteopablic Academy of Sports Medicine.  I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.	19.	Have you	ou had a bor	one or joint	nt injury th	that require	ed x-rays				IALES	S ONLY				
Head Neck Shoulder Upper arm Elbow Forearm Hand/ fingers  Upper 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 or allergies?  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  Date  2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Societ Sports Medicine, and American Osteopathic Academy of Sports Medicine.  I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.		MRI, ČT,	Γ, surgery, ir	injections.	s, reĥabilita	tation, phys	/sical							neriod'		
Head   Neck   Shoulder   Upper   Elbow   Forearm   Hand/ fingers   Chest   Fingers   Chest   Fingers   Chest   Fingers   Chest   Che										49.	. How	w many periods	ls 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?  23. Has a doctor ever told you that you have asthma or allergies?  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  Date  2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Societ Sports Medicine, and American Osteopathic Academy of Sports Medicine.  I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.				arm			fingers									
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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.  Signature of athlete	23.	Has a do	octor ever t												_	
© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society Sports Medicine, and American Osteopathic Academy of Sports Medicine.  I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.	I he	ereby sta	te that, to	the best	t of my !	knowledg	e, my ar	nswe	ers to f	the abov	/e qu€	estions are co	omplete and correct.			
Sports Medicine, and American Osteopathic Academy of Sports Medicine.  I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.																
school for the purposes of participation in athletics and activities.	Sports Me	Medicine, and	d American Osi	Steopathic Aca	cademy of Spe	Sports Medicine.	e.									ety fo
										cal histor	ry and	d the results of	of the actual physical examination	on to 1	the	
Parent or Legal Guardian Signature Date								aviu.	es. 	Dat	te _					

## **Preparticipation Physical Evaluation**

# PHYSICAL EXAMINATION FORM

\_, MD or DO

me _	Date of birth												
ight	w	/eight	% Body fat (optional) _	Pulse	BP_	/	_ (_	_/_	,_	_/_	_)		
ion	R 20/	L 20/	_ Corrected: Y N	Pupils: Equal _	Uı	nequal							
	Follow-Up Q	uestions on I	More Sensitive Issues						Yes	No			
			or under a lot of pressure?										
			or hopeless that you stop doing s	some of your usual activ	vities for	more tha	ın a fev	v days?					
	3. Do you fee		rette smoking, even 1 or 2 puffs	2 Do you currently amo	ko2								
			did you use chewing tobacco, si		KC:				П				
			have you had at least 1 drink of										
			oid pills or shots without a docto										
			supplements to help you gain or										
			Risk Behavior Survey (http://ww x, domestic violence, drugs, etc	ww.cdc.gov/HealthyYou	th/yrbs/in	dex.htm)	on gu	ns,					
	Notes:										_		
											-		
											-		
		Non		ADMODWAL FIN	IDINGS						_		
/IEDI	CAL	NOR	MAL	ABNORMAL FIN	IDINGS					INIT	ΑU		
										l			
	arance										—		
	ears/nose/thro	at											
Hearir	ng												
ymph	n nodes												
leart													
/lurm	urs												
Pulses	3												
ungs	1												
Abdon	nen												
3enito	ourinary <sup>†</sup>										_		
Skin											_		
	CULOSKELE	TAI	1							l			
	COLOSKELE	IAL	1							ı			
Neck													
Back													
Should	der/arm												
Elbow	/forearm												
/Vrist/	hand/fingers												
lip/th	igh												
(nee													
_eg/aı	nkle												
oot/t	oes												
	le-examiner set- g a third party p		nended for the genitourinary examina	ation.									
Votes	:												
me c	of physician (	(print/type)_						Date _			_		
droc	s					Phone							

Signature of physician\_\_

## **Preparticipation Physical Evaluation**

**CLEARANCE FORM** 

Name	Sex	Age	Date of birth	
☐ Cleared without restriction				
☐ Cleared, with recommendations for further evaluation of				
□ Not cleared for □ All sports □ Certain sports:				
Recommendations:				
EMERGENCY INFORMATION Allergies				
Other Information				
IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rul meningococcal; varicella)	bella; hepatitis A, B; ir	nfluenza; poliom	nyelitis; pneumococcal;	
$\Box$ Up to date (see attached documentation) $\Box$ Not up to	to date Specify			
Name of physician (print/type)			Date	
Address			Phone	
Signature of physician				, MD or DO

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