

# ISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Dat of Exam: \_\_\_\_\_

Nam : \_\_\_\_\_

Dat of birth: \_\_\_\_\_

S x: \_\_\_\_\_ Ag : \_\_\_\_\_ Grad : \_\_\_\_\_ School: \_\_\_\_\_

Sport(s) : \_\_\_\_\_

**Medicine and Allergie** : Pl as list all of th pr scriptio a d ov r-th -cou t r m dici sa d suppl m ts (h rbal a d utritio al that you ar curr tly ta i g

Do you hav a yall rgi s  Y s  No If y s, pl as id tify sp cific all rgy b low

M dici s  Poll s  oods  Sti gi gl s cts

**Explain Ye an er belo Circle que tion you do not kno the an er to**

GENERAL QUESTIONS		
1	Wh was th stud t's last compl t physical or "ch c up "	
	Dat : Mo th/Y ar _____ / _____ (ld ally, v ry 12 mo ths	
		YES NO
2	Has a doctor or oth r h alth prof ssio al v r d i d or r strict d your participatio i sports for a yr aso	
3	Do you hav a yo goi g m dical co ditio s If so, pl as id tify b low	
4	Has you v r had surg ry	
EART EALT QUESTIONS A OUT YOU		
5	Has you v r pass d out or arly pass d out DURING or A ER x rcis	
6	Has you v r had discomfort, pai , tight ss or pr ssur i your ch st duri g x rcis	
	Do s your h art v r rac or s ip b ats (irr gular b ats duri g x rcis	
8	Has a doctor v r told you that you hav a y h art probl ms If so, ch c all that apply: ___ High blood pr ssur ___ A h art murmur ___ High chol st rol ___ A h art i f ctio ___ awasa idis as Oth r: _____	
9	Has a doctor v r ord r d a t st for your h art ( or xampl , ECG/E G, chocardiogram	
1	Do you g t ligh ad d or f l mor short of br ath tha xp ct d, or g t tir d mor uic ly tha your fri ds or classmat s duri g x rcis	
11	Has you v r had a sizur	
EART EALT QUESTIONS A OUT YOUR FAMILY		
12	Has a y family m mb r or r lativ di d of h art probl ms or had a u xp ct d sudd d ath b for ag O(i cludi g drow i g, u xplai d car accid t or sudd i fa t d ath sy drom	
13	Do sa yo i your family hav a pac ma r, a impla t d d fibrillator, or h art probl ms li hyp rtrrophic cardiomyopathy, Marfa sy drom , arrhythmog ic right v tricular cardiomyopathy, lo g sy drom , short sy drom , rugada sy drom or cat cholami rgic polymorphic v tricular tachycardia	

ONE AND JOINT QUESTIONS	YES	NO
14		
15		
MEDICAL QUESTIONS		
16		
1		
18		
19		
2		
21		
22		
23		
24		
25		
26		
2		
28		
29		
FEMALES ONLY		
3		
31		
32		

**Explain ye an er here:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby tate that, to the be t o my kno ledge, my an er to the abo e que tion are complete and correct**

Sig atur of athl t \_\_\_\_\_ Sig atur of par t/guardia \_\_\_\_\_ Dat \_\_\_\_\_

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

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# HYSICAL EXAMINATION FORM

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BMI:
BP: / ( / )	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph n des		
Hea t •Mu mu s (auscultati n standing, supine, with and with ut alsalva)		
Pulses		
Lungs		
A d men		
Skin		
Neu l gic		
MUSCULOSKELETAL		
Neck		
Back		
Sh ulde /a m		
El w/f ea m		
W ist/hand/finge s		
Hip/thigh		
nee		
Leg/ankle		
t/t es		

Clea ed f all sp ts with ut est icti n

Clea ed f all sp ts with ut est icti n with ec mmendati ns f fu the evaluati n t eatment f :

N t clea ed

Pending fu the evaluati n

any sp ts

ce tain sp ts: \_\_\_\_\_

Reas n: \_\_\_\_\_

Rec mmendati ns: \_\_\_\_\_

I have examined the a ove-named tudent and completed the preparticipation ph ical evaluation. The athlete doe not pre ent apparent clinical contraindicati n to practice and participate in the port( ) a outlined a ove. A cop of the ph ical exam i on record in m office and can e made availa le to the school at the reque t of the parent . If condition ari e after the athlete ha een cleared for participation, the provider ma re cind the clearance until the pro lem i re olved and the potential con equence are completel explained to the athlete (and parent /guardian ). Thi form i an exact duplicate of the current form required the State oard of Education containing the ame hi tor que tion and ph ical examination finding . I have al o reviewed the "Sugge ted Exam rotocol".

Name f p vide (p int/type): \_\_\_\_\_

Date: \_\_\_\_\_

Add ess: \_\_\_\_\_

Ph ne: \_\_\_\_\_

Signatu e f p vide : \_\_\_\_\_

ORS 336.47 , Section 1(3) A school di trict hall re uire tudent ho continue to participate in extracurricular port in grade 7 through 12 to have a phy ical examination once every t o year . Section 1(5) Any phy ical examination re uired y thi ection hall e conducted y a (a) phy ician po e ing an unre tricted licen e to practice medicine; ( ) licen ed naturopathic phy ician; (c) licen ed phy ician a i tant; (d) certi ed nur e practitioner; or a (e) licen ed chiropractic phy ician ho ha clinical training and experience in detecting cardiopulmonary di ea e and de ect .

m adapted f m 2010 American Academy o Family Phy ician , American Academy o Pediatric , American College o Sport Medicine, American Medical Society or Sport Medicine, American Orthopedic Society or Sport Medicine, and American O teopathic Academy o Sport Medicine.

**MUSCULOSKELETAL**

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

**MURMUR EVALUATION** – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses  
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

**MARFAN'S SCREEN** – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

**CONCUSSION** -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play, they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

- Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight training can begin. Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

**581-021-0041 Form and Protocol for Sport Physical Examination**

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated May, 2017 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. The form must contain the following statement above the medical provider's signature line:  
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after April 30, 2011 and prior to May 1, 2017 must use the form dated May 2010.
4. Medical providers conducting physicals on or after May 1, 2017 and prior to May 1, 2018 may use either the form dated May 2010 or the form dated May, 2017.
5. Medical providers conducting physicals on or after May 1, 2018 must use the form dated May, 2017.

**NOTE:** The form can be found on the Oregon School Activities Association (OSAA) website: <http://www.osaa.org>

Stat. Auth.: ORS 326.051 Stats.

Implemented: ORS 336.479