## FOOTBALL PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every participant with parent or guardian signature

Player	's Name	Sex M	/ F Age	_ Date of Birth		
Addre	ss			_		
Grade	School					
In case	of emergency, contact:					
	Relationship		Phone (H	D (J	W)	
_						
	Explain "YES" answers below. Circle ques	tions you do r	not know the an	swers to.		
	VES	S NO				
1.	Do you have any major health conditions?		Do you cough.	, wheeze or have tro	ouble breathing	
2.	Have you had a medical illness or injury since your last	11.		activity? Yes	No	
	check up or sports physical?		_	ave asthma or use ar	n inhaler?	
3.	Have you ever been hospitalized overnight?		•	Yes	No	
4.	Have you ever had surgery?		b. Do you ca	arry your inhaler wh	ile you are	
5.	Are you currently taking any prescription or		playing sp		No	
	nonprescription (over-the-counter) medications or pills?	12.	Do you have I		No	
	a. Have you ever taken any supplements, steroids, or			ake insulin? Yes	No	
	vitamins, protein, creatine to help you gain or lose	13.		y special protective		
	weight or improve your performance?		equipment or devices that aren't usually used for			
6.	Do you have any allergies (for example: medication,			position (for exampl		
7	food, stinging insects or pollen)?			oll, foot orthotics, re	•	
7.	Have you ever passed out during or after exercise?  a. Have you ever been dizzy during or after exercise?	1.4	teeth, hearing		No	
	<ul><li>a. Have you ever been dizzy during or after exercise?</li><li>b. Have you ever had chest pain during or after</li></ul>	14.	Have you ever had a sprain, strain or swelling after injury, or any other problem with pain or swelling			
	exercise?					
	c. Do you get tired more quickly than your friends do		muscles, tendons, bones or joints? <b>Yes No</b> If yes, check appropriate box, indicate R for			
	during exercise?		•	L for left, and expla		
	d. Have you ever had racing of your heart or skipped		right and	L for fert, and expla	illi below.	
	heartbeats?		Head	Elbow	Hip	
	e. Have you had high blood pressure or high		Neck	Forearm	Thigh	
	cholesterol?		Back	Wrist	Knee	
	f. Have you ever been told you have a heart murmur?		Chest	Hand	Shin	
	g. Has any family member or relative died of heart		Shoulder	Finger	Calf	
	problems or of sudden death before age 50?		Arm	Ankle	Foot	
	h. Have you had a severe viral infection (for example:					
	infection in the heart or mononucleosis) within the	15.	Have you had	any problems with	your eyes or	
	last six months?		_	lasses, contact lense	es or protective	
	i. Has a physician ever denied or restricted your		eyewear?			
	participation in sports for any heart problems?	16.		age at first period _		
8.	Do you have any current skin problems (for example:		Are periods re		0	
	itching, rashes, acne, warts, fungus or blisters)?	17.		ir last tetanus shot?		
9.	Have you ever had a head injury or concussion?	10	Tdap (date	e)		
	a. Have you ever been knocked out, become	18.	Explain "YES	answers here:		
	unconscious or lost your memory?					
	<ul><li>b. Have you ever had a seizure?</li><li>c. Do you have frequent or severe headaches?</li></ul>					
	<ul><li>d. Have you ever had numbness or tingling in your</li></ul>					
	arms, hands, legs or feet?					
	e. Have you ever had a stinger, burner or pinched					
	nerve?					
10.	Have you ever become ill from exercising in the heat?					
I here	eby state that to the best of my knowledge, my answers	to all the al	oove question	s are correct and	complete and I	
	full responsibility for any incorrect answers.		1		F	
	ture of Parent/Guardian				Date	

## FOOTBALL PRE-PARTICIPATION SCREENING FORM

Player's Name			Sex M/F	Date of Bi	rth
Height: Weight:	BMI: P	ulse:	BP: _	/	Hgb:
Vision: Grossly Intact	_ Corrected: Y or N		P	upils: Equal _	Unequal
Physical Screening	Normal Findings	X	Abno	rmal Finding	S No Exam
Appearance	WDWN				
Eyes/Ears/Nose/Throat	WNL				
Lymph Nodes	WNL				
Hearing	Grossly Intact				
Heart	RRR, No Significant Murmu	ır			
Pulses	WNL				
Lungs	Clear/equal				
Abdomen	Soft, No HSMT				
Skin	Warm/Dry/Intact				
Neck	FROM				
Back	No Scoliosis				
Shoulder/Arm/Elbow	FROM, = strength				
Forearm/Wrist/Hand	FROM, = grip/strength				
Hip/Thigh/Knee	FROM				
Leg/Ankle/Foot	FROM				
Hernia/Squat/Duck Walk	WNL				
Immunizations given					
	CLEARA	NCE			
Cleared NOT Cleared until	completed evaluation/rehabilit	ation for:			_
	ider (print/type/stamp):				
Signatura of Haalth Cara D	rovider:			Date of sign	natura

This form was developed based upon guidelines from the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Academy of Sports Medicine, 2009.

Rev: 05/10/2013