



SAINT THOMAS AQUINAS HIGH SCHOOL



ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

(To be completed by a licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-

Student's Name: _____ Sport(s): _____

Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Parent/Guardian's Full Name: _____

- HEALTH HISTORY -

Have you ever had, or do you currently have:

- a. Restriction from sports for a health related problem? Y / N / Don't Know
- b. An injury or illness since your last exam? Y / N / Don't Know
- c. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don't Know
 - (1.) An inhaler or other prescription medicine to control asthma? Y / N / Don't Know
- d. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don't Know
- e. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don't Know
- f. Any **allergies** to medications? Y / N / Don't Know
- g. Any allergies to bee stings, pollen, latex or foods? Y / N / Don't Know
 - (1.) If yes, check type of reaction:
 - Rash Hives Breathing or other anaphylactic reaction
 - (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don't Know
- h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don't Know
- i. A blood relative who died before age 50? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

Most recent immunizations and date administered:

Tetanus _____ Date _____

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

(PLEASE SEE REVERSE FOR CLASSIFICATION OF SPORTS BY CONTACT)

- A.** Student is cleared for participation in **all** sports without restriction.
- B.** Student is **withheld clearance** for participation in any sport until evaluation / treatment of: _____
- C.** Student is cleared for participation in **limited types** of sports which **exclude** the following types of sports contact:
(CHECK ALL THAT APPLY)
 - ___ CONTACT/COLLISION ___ NON-CONTACT/STRENUOUS
 - ___ LIMITED CONTACT ___ NON-CONTACT/NON-STRENUOUS

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____ Date of Exam: _____

PERMISSION FOR MEDICAL TREATMENT

I _____ parent/guardian of _____
Authorize medical treatment and transportation, if necessary, to a medical facility for my son or daughter in the event I cannot be reached and treatment is necessary due to injury sustained while participating in the Athletic Program of Saint Thomas Aquinas High School. Such medical treatment shall be given by a licensed physician in the field of medicine at my expense.

Parent/Guardian Signature _____ Date _____



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NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

Contact/Collision	Limited Contact	Non-Contact	
Basketball	Baseball	<u>Strenuous</u>	<u>Non-strenuous</u>
Diving	Dance Team	Discus	Golf
Field Hockey	High Jump	Javelin	
Football	Pole vault	Shot put	
Ice Hockey	Gymnastics	Track	
Lacrosse	Skiing	Running/Cross Country	
Soccer	Softball	Tennis	
Wrestling	Volleyball	Swimming	