



**The Catlin Gabel School and
Oregon School Activities Association
School Sports and Activities
Pre-Participation Examination**

Student Name **Grade**

Birth Date **Age**

Male **Female**

Student and Parent/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the student details of any positive answers.

YES	NO	DON'T KNOW	
_____	_____	_____	Has anyone in the student's family died suddenly before the age of 50 years?
_____	_____	_____	Has the student ever passed out during exercise or stopped exercising because of dizziness or chest pain?
_____	_____	_____	Does the student have asthma (wheezing), hay fever, or coughing spells during or after exercise?
_____	_____	_____	Has the student ever broken a bone, had to wear a cast, or had an injury to any joint?
_____	_____	_____	Does the student have a history of a concussion (getting knocked out) or seizures?
_____	_____	_____	Has the student ever suffered a heat-related illness (heat stroke)?
_____	_____	_____	Does the student have chronic illness or see a physician regularly for any particular problem?
_____	_____	_____	Does the student take any prescribed medicine, herbs or nutritional supplements?
_____	_____	_____	Is the student allergic to any medications or bee stings?
_____	_____	_____	Does the student have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?
_____	_____	_____	Has the student ever had prior limitation from sports participation?
_____	_____	_____	Has the student had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?
_____	_____	_____	Has the student ever been diagnosed with a heart murmur or heart condition or hypertension?
_____	_____	_____	Is there a history of young people in the student's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, Long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.)
_____	_____	_____	Has the student ever been hospitalized overnight or had surgery?
_____	_____	_____	Does the student lose weight regularly to meet the requirements for your sport?
_____	_____	_____	Does the student have anything he or she wants to discuss with the physician?
_____	_____	_____	Does the student cough, wheeze, or have trouble breathing during or after activity?
_____	_____	_____	Does the student have asthma?
			FEMALES ONLY
			a. When was your first menstrual period? _____
			b. When was your most recent menstrual period? _____
			c. What was the longest time between menstrual periods in the last year? _____

(Explain any YES answers on back.)

Parent / Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. My child and I understand and accept that there are risks of serious injury and death in any sport and other activities including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports and activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for an injury or illness deemed urgently necessary by a trainer, coach, teacher, or medical practitioner.

I understand that this sports and activities pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

Signed: _____

Parent / Guardian

Date: _____

As per ORS336.479, Section 1(5) "Any physical examination required by this section shall be conducted by a physician possessing an unrestricted license to practice medicine, a licensed physician assistant, a certified nurse practitioner or a licensed chiropractic physician who has clinical training and experience in detecting cardio pulmonary diseases and defects."

School Sports Pre-Participation Examination

Name _____	Date of Birth ____ / ____ / ____
Height _____ Weight _____ % Body fat (optional) _____	Pulse _____ BP ____ / ____ (____ / ____, ____ / ____)
	Rhythm: Regular ____ Irregular ____
Vision R 20/____ L 20/____	Corrected: Y N Pupils: Equal ____ Unequal ____

	NORMAL	ABNORMAL FINDINGS	INITIALS *
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial Activity			
1 st & 2 nd heart sounds			
Murmurs			
Pulses: brachial / femoral			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder / arm			
Elbow / forearm			
Wrist / hand			
Hip / thigh			
Knee			
Leg / ankle			
Foot			

* Station-based examination only

CLEARANCE

_____ Cleared

_____ Cleared after completing evaluation / rehabilitation for: _____

_____ Not cleared for: _____ Reason: _____

Recommendations: _____

Name of physician (print/type): _____ Date: ____ / ____ / ____

Address: _____ Phone (____) _____

Signature of Physician: _____

As per ORS336.479, Section 1(5) "Any physical examination required by this section shall be conducted by a physician possessing an unrestricted license to practice medicine, a licensed physician assistant, a certified nurse practitioner or a licensed chiropractic physician who has clinical training and experience in detecting cardio pulmonary diseases and defects."

School Sports Pre-Participation Examination Protocol

◆ MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Looking 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
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
- Elbows 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'" and all women over 5'10" in height with EKG 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 SD below mean
7. Myopia
8. Ectopic lens