

HISTORY FORM

(Note: Form to be completed by the patient and parent/guardian prior to seeing the provider. Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



Please scan QR code for updated mental health related resources.

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Foods Stinging Insects

Over the last two weeks, how often have you been bothered by any of the following problems?
Give answers as 0 to 3, using this scale: 0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day

Little interest or pleasure in doing things:	0	1	2	3	Feeling down, depressed, or hopeless:	0	1	2	3
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Note to Providers: If combined score is 3 or greater, the student should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS	YES	NO
1. Do you have any concerns you would like to discuss with your provider?		
2. Has a doctor or other healthcare professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
4. Have you had a COVID-19 infection that required hospitalization?		
THESE QUESTIONS LET US KNOW ABOUT THE HEALTH OF YOUR HEART	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
10. Do you get lightheaded or feel shorter of breath than your friends during exercise?		
11. Have you ever had a seizure?		
THESE QUESTIONS LET US KNOW ABOUT HEART HEALTH IN YOUR FAMILY. PLEASE ANSWER AS BEST YOU CAN.	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 35 years (including drowning or unexplained car accident)?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

THESE QUESTIONS LET US KNOW ABOUT ANY BONE OR JOINT PROBLEMS THAT COULD LIMIT YOUR ABILITY TO BE PHYSICALLY ACTIVE.	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
16. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
THESE QUESTIONS LET US KNOW ABOUT ANY CURRENT OR PAST MEDICAL ISSUES	YES	NO
17. Do you cough, wheeze, or have difficulty breathing during/after exercise?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
19. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
20. Do you have any recurring skin rashes, or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
22. Have you ever had numbness, had tingling, had weakness in your arms or legs or been unable to move your arms or legs after being hit or falling?		
23. Have you ever become ill while exercising in the heat?		
24. Do you or does someone in your family have sickle cell trait or disease?		
25. Have you ever had, or do you have any problems with your eyes or vision?		
THESE QUESTIONS LET US KNOW IF YOU ARE PROVIDING YOUR BODY WITH ENOUGH ENERGY (FUEL) WHEN YOU ARE PHYSICALLY ACTIVE	YES	NO
26. Do you worry about your weight?		
27. Are you trying to or has anyone recommended that you gain/lose weight?		
28. Are you on a special diet or do you avoid certain types of food or food groups?		
29. Have you ever had an eating disorder?		
30. Have you ever had a menstrual period? (If yes, please answer the following questions.)		
31. How old were you when you had your first menstrual period? _____		
32. When was your most recent menstrual period? _____		
33. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: _____

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 _____

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."

Form adapted from ©2023 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. OHA mental health related resources can be found on the OSAA website via the QR code above or at <https://www.osaa.org/resources>.

PHYSICAL EXAMINATION FORM

(Note: Providers keep a copy in the patient's record. Schools keep a copy in the student's education records according to the requirements of the Family Education Rights and Privacy Act (FERPA). Under FERPA, education records may include any student's health records that are maintained by schools.)



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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 nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

Not cleared

Pending further evaluation

For any sports

For certain sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). 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".

Name of Provider (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of Provider: _____

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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

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.

Graduated, Step-wise Return-to-Participation Progression: A medical release is required by [ORS 336.485](#), [ORS 417.875](#) before returning to participation.

1. **Symptom-Limited Activity:** Relative rest up to 48-72 hours. Allow low intensity physical and cognitive activity. May include staying home or limiting school hours and/or homework. Gradually reintroduce very light activity while limiting symptoms.
2. **Light Aerobic Exercise:** Walking or stationary bike at low to moderate intensity; no contact, resistance or weight training.
3. **Sport Specific Exercise:** Sprinting, dribbling basketball or soccer; no helmet or equipment, no head impact activities.
4. **Non-Contact Training:** More complex drills in full equipment. Weight training or resistance training may begin.

****Before moving to the next stage, the athlete must be fully recovered, medically cleared, and in school full-time without accommodations.**

5. **Full-Contact Practice:** Participate in normal full-contact training activities.
6. **Unrestricted Return-to-Participation / Full Competition:** Game play against opposing team.

The athlete should spend a minimum of one day at each step. If symptoms re-occur, the athlete must stop the activity and contact their athletic trainer or other health care professional. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity one-step below the level when the symptoms occurred. Graduated progression applies to all activities including sports and PE classes.

581-021-0041 Form and Protocol for Sports Physical Examinations

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination " dated April 2023 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. If the form is produced from an electronic medical record, it 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 May 1, 2018 and prior to May 1, 2023 must use the form dated May 2017.
4. Medical providers conducting physicals on or after May 1, 2023 and prior to May 1, 2024 may use either the form dated May 2017 or the form dated April 2023.
5. Medical providers conducting physicals on or after May 1, 2024 must use the form dated April 2023.

NOTE: The form can be found on the Oregon School Activities Association (OSAA) website at <https://www.osaa.org/health-safety>.
Statutory/Other Authority: ORS 326.051
Statutes/Other Implemented: ORS 336.479