NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Student Athlete's Name: Age:	Sex:			-
This is a screening examination for participation in sports. <u>This does not substitute for a your child's regular physician where important preventive health information can be covered to the covered t</u>		<u>amina</u>	<u>tion</u> n	vith
Student-Athlete's Directions: Please review all questions with your parent or legal custod	ian and answer the	m to t	he bes	st of
your knowledge. Parent/Legal Custodian Directions: Please assure that all questions are answered to the b	est of your knowle	daa I	fxou	do not
understand or are unsure about the answer to a question please ask your doctor. Not disclos				
child at risk during sports activity.	8			,)
Physician's Directions: We recommend carefully reviewing these questions and clarifying	any "Yes" or "Un	sure"	answe	ers.
Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate s	heet if needed.	Yes	No	Unsure
1. Does the student-athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma),				
etc.]? List:	J 1 ,			
2. Is the student-athlete presently taking any medications or pills?				
3. Does the student-athlete have any allergies (medicine, bees or other stinging insects, latex)?				
4. Does the student-athlete have the sickle cell trait?				
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion?6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities.	ios?			
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion or star				
8. Has the student-athlete ever fainted or passed out AFTER exercise?	iic:	1	ū	
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from oth	er children)?	<u> </u>	ā	1 -
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise?			Ū	
11. Has the student-athlete ever been diagnosed with exercise-induced asthma?				
12. Has a doctor ever told the student-athlete that they have high blood pressure?				
13. Has a doctor ever told the student-athlete that they have a heart infection?				
14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete have a heart murmur?	ever been told they			
15. Has the student-athlete ever had discomfort, pain, or pressure in his chest during or after exercitation their heart "racing" or "skipping beats"?	se or complained of			
16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure proble	em?			
17. Has the student-athlete ever had a stinger, burner or pinched nerve?				
18. Has the student-athlete ever had any problems with their eyes or vision?			U	
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocate	ed, fractured,		ĺ	
broken had repeated swelling in or had any other type of injury to any bones or joints?				
☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee ☐ Chest				
☐ Forearm ☐ Shin/calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hand ☐ Foot				
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating h	abits or weight?			
21. Has the student-athlete ever been hospitalized or had surgery?22. Has the student-athlete had a medical problem or injury since their last evaluation?				
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space p	rovidad balaw)			
□ 1. Has the student-athlete had little interest or pleasure in doing things?	iovided below).			
☐ 2. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a re	ow?			
□ 3. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their				
☐ 4. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves	-			
FAMILY HISTORY	<u> </u>			
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden syndrome [SIDS], car accident, drowning)?	infant death			
25. Has any family member had unexplained heart attacks, fainting or seizures?				
26. Does the athlete have a father, mother or brother with sickle cell disease?				
Explain "yes" or "unsure" answers here:				
By signing below, I agree that I have reviewed and answered each question above. completely and is correct to the best of my knowledge. Furthermore, as parent or this examination and give permission for my shild to participate in sports.				
this examination and give permission for my child to participate in sports. Signature of parent/legal custodian: Date:	Phone #			
Signature of Athlete: Date:	I Holle II.			
Digitation of Famoto Date Date.				

Rev: March 2018 Page 1 of 2 Approved for 2018-19 School Year

A. Cleared B. Cleared after completing evaluation/rehabilitation for: *** C. Medical Waiver Form must be attached (for the condition of: D. Not cleared for: Non-contact Strenuous Moderately strenuous Non-strenuous dditional Recommendations/Rehab Instructions: ame of Physician/Extender: [Please print] ignature of Physician/Extender: [Oth signature and circle of designated degree required) attered Examination: Physician Office Stamp	Tision: R 20/ L 20/ Corrected: Y N	tudent-Athlete's Na	me:		Age: Date of Birth:
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parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

^{(***} The following are considered disqualifying until appropriate medical and