

**Other Tests (optional)**

\_\_\_\_\_ Auditory \_\_\_\_\_ I/A \_\_\_\_\_ EKG  
\_\_\_\_\_ % Body Fat \_\_\_\_\_ Drug Screen \_\_\_\_\_ Chest X-Ray  
\_\_\_\_\_ Hgb/Hct \_\_\_\_\_ IMAC \_\_\_\_\_ Marfan Screen

**Assessment**

**Clearance without limitation?** **Sports** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clearance deferred** **Reason** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clearance with limitation?** **Limitation** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Disqualification** **Reason** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examination Date** \_\_\_\_\_ **Physician's Signature** \_\_\_\_\_

**Additional Comments:**



**STUDENT'S NAME** \_\_\_\_\_

**SCHOOL NAME** \_\_\_\_\_

# HSA Preparticipation Examination

To be completed by athlete or parent

Name \_\_\_\_\_ Sport/Position \_\_\_\_\_  
 Last First Middle

Social Security Number \_\_\_\_\_

School Year \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Phone No. \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ Student ID No. \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Phone No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_

## Past Medical History

	Yes	No	If yes, please explain (what, where, when)
1. Presently taking medication (including birth control pills)	_____	_____	
2. Allergic to medicine, foods, bee stings	_____	_____	
3. Use of any appliances—glasses, hearing aids, etc.	_____	_____	
4. History of braces, chipped teeth, bridges?	_____	_____	
5. Has ongoing medical problem?	_____	_____	
6. Had serious or significant illness in past?	_____	_____	
7. Any past surgical operations, accidents, non-sports or related injuries?	_____	_____	
8. Any past injuries directly related to sports?	_____	_____	
9. Any hospitalization not explained above?	_____	_____	
10. Any known abnormalities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?	_____	_____	
11. Any known family illnesses (such as diabetes, bleeding disorders, heart attack before age 50, etc.)?	_____	_____	
12. Any fainting or dizziness while exercising?	_____	_____	
13. Any loss of consciousness, concussion, or head injury?	_____	_____	
14. a. Last tetanus shot		Date _____	
b. Last dental examination		_____	
c. Last eye examination		_____	
d. Last menstrual period (if woman)		_____	

## Personal habits

	Yes	No
1. Smoking	_____	_____
2. Smokeless tobacco	_____	_____
3. Alcohol	_____	_____
4. Non-Medical drugs: marijuana, cocaine, etc.	_____	_____
5. Steroids	_____	_____
6. Eating disorders—weight loss or gain	_____	_____

Review of systems (Please check if you have any problems with any of the following areas of your body)

_____ Skin	_____ Lungs	_____ Shoulders, Arms,
_____ Head	_____ Heart	_____ Hands
_____ Eyes	_____ Abdomen	_____ Hips, Legs, Feet
_____ Ears	_____ Back	_____ Muscles—Strength,
_____ Nose	_____ Urination,	_____ Feeling
_____ Mouth/Throat	_____ Bowel Control	_____ Mental, Emotional
_____ Nutrition,	_____ Genital (including	_____ Fatigue
_____ Weight Control	_____ menstrual for women)	_____ Other: What?
_____ Neck		

I certify that the above information is correct to the best of my knowledge.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Both Student And Parent/Guardian Signatures Are Mandatory**

## Physical Examination

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 Pulse: resting \_\_\_\_\_ 15 hops \_\_\_\_\_ after 2 minutes \_\_\_\_\_  
 Visual Acuity: Eyes (R) 20/ \_\_\_\_\_ w/o glasses \_\_\_\_\_ (L) 20/ \_\_\_\_\_ w/ glasses \_\_\_\_\_

## Other Testing

	Normal	Abnormal Findings
1. General	_____	_____
2. Skin	_____	_____
3. HEENT	_____	_____
4. Teeth (Dental examination)	_____	_____
5. Neck	_____	_____
6. Lungs	_____	_____
7. Heart	_____	_____
8. Breasts	_____	_____
9. Abdomen	_____	_____
10. Genitalia (Hernia)	_____	_____
Tanner Stage (optional)	_____	_____
11. Back	_____	_____
12. Musculoskeletal		
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____
13. Peripheral Pulses	_____	_____
14. Neurologic	_____	_____
15. Mental Status	_____	_____