

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Height	Weight		
BP	/ (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) [†]			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, linea corporis 			
Neurologic [‡]			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 †Consider GU exam if in private setting. Having third party present is recommended.
 ‡Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- 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 _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

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 physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

MANDATORY IMPACT CONCUSSION BASELINE TESTING FOR ALL ATHLETES

As you know, all students interested in participating in the sports and /or cheerleading programs must complete a physical prior to activity. At WMCHS, we also require each athlete/cheerleader to obtain a baseline score on the ImPact test for concussion management. This test is a computerized one that scores reaction time, memory, recall, and processing speeds. **A baseline test will be obtained ONCE EVERY 2 YEARS (usually FRESHMAN and JUNIOR years.) IT DOES NOT NEED TO BE RE-TAKEN EVERY SEASON.** The test will only need to be re-administered if the student athlete suffers a head injury during the season. The results of this test will be one piece of a puzzle that will be used to clear an athlete for activity. This does not replace the care of a physician, but does assist in the return to play decision. No one wants to see an athlete return to activity before he/she is ready.

THIS TEST MUST BE COMPLETED PRIOR TO YOUR PHYSICAL. PRINT/SAVE THE CONFIRMATION FORM AFTER COMPLETING THE TEST. YOU WILL NEED TO UPLOAD THIS RECEIPT IN THE APPROPRIATE SECTION OF YOUR ACCOUNT IN THE ATHLETICS REGISTRATION SITE. YOU WILL ALSO SUBMIT THE HARD COPY OF THE RECEIPT WITH YOUR PHYSICAL FORMS TO THE NURSES.

You can take the test at home. Once you have completed the test, the results will be sent to a special website that the athletic trainer will be able to reference.

The most important part of the test is to follow the directions and pay attention. If you do not pay attention or try to lower your score on purpose your test scores will come up invalid and you will have to take the test again. There is no pass or fail, but results are compared to national norms for specific age groups, so try your best. This is not an easy test, but realize it is a baseline only. Do not worry if you see the word "incorrect" come up when answering questions. **Just do your best!**

To take the test, you must have a computer with an external mouse. If you are using a laptop make sure it is plugged in so the battery does not die while taking the test. The entire test should take approximately 30 minutes. The room must be quiet. **No radios, talking, texting, phone calls, etc.** The test is timed, if something diverts your attention you will probably get an invalid score.

To take the baseline test go to www.impacttestonline.com/schools **The ID code for WMC is D1727C86E2.** This site is for a baseline only. **Do not** go to this site again after taking the test. All post injury tests will be done with the athletic trainer on another site.

Some helpful hints:

1. Make sure the pop off blocker is off on your computer.
2. For the number of years of education, answer 8 for freshmen and 10 for juniors.
3. If you have not suffered from a recent concussion, your response for each symptom question should be zero or not experiencing at this time.

If you have any questions, contact Suzanne Barba, Athletic Trainer at sbarba@wmrhsd.org