2021 – 2022 Sioux Falls Public Schools Preparticipation Physical Evaluation

Middle School:
Occurs after April 1 of Students 5th Grade Year and prior to participation. Valid through end of Students 8th Grade School Year.

High School:
Occurs annually after April 1 and prior to participation.

A **LICENSED MEDICAL PERSONNEL** must complete this form after April 1, 2021 and before student may participate in interscholastic athletics. Please refer to Pre-participation Health History page for health history and parent permission.

NAME: _____ **GENDER:** F ☐ M ☐ **SCHOOL:** _____

STUDENT ID#: _____ **DOB:** _____ **GRADE:** _____

FALL 2021

1. Blood pressure (sitting) _____ / _____ Repeat in 5 minutes, if elevated _____ / _____
2. Height _____
3. Weight _____

	Normal	Abnormal	Comments
4. Vision 20/_____ (L) 20/ _____ (R)			
5. Head			
6. Mouth (dentures, braces?)			
7. Eyes (contacts?)			
8. Chest/lung			
9. Heart			
a. Heart sounds			
b. Murmurs			
c. Pulse (rad. vs fem.)			
d. Rhythm			
10. Abdomen			
a. Liver or spleen			
b. Masses			
11. Genitalia			
a. Hernias			
b. Testes			
12. Orthopedic			
a. Cervical spine			
b. Shoulder shrug			
c. Deltoid			
d. Arms/elbow			
e. Hands			
f. Hips			
g. Knees			
h. Ankles			
i. Scoliosis			
13. Tanner Maturation Index (Optional)	Circle: I II III IV V		

SPORTS PARTICIPATION RECOMMENDED FOR:

_____ Cleared for ALL Sports (collision, contact/endurance sports and other sports)

_____ Cleared for Contact/Endurance Sports only due to _____

_____ Cleared for Other Sports Only due to _____

_____ Sports Participation Not Recommended, due to _____

_____ Approval Withheld Pending evaluation for _____

Definition:
Collision = Football and Wrestling
Contact/Endurance Sports = Basketball, Unified Sports, Cross Country, Gymnastics, Tennis, Track, Volleyball, Baseball, Softball, Soccer, Competition Cheer and Competition Dance
Other Sports = Golf and Bowling

Name of Examiner: _____ **Date:** _____ 20_____
(Please Print)

Signature of Examiner: _____

NOTE: South Dakota codified law allows the following licensed medical personnel are qualified to perform the evaluation and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physicians Assistant and licensed Nurse Practitioner.

2021-2022 SIOUX FALLS PUBLIC SCHOOLS PREPARTICIPATION MEDICAL HISTORY

This Form must be completed by the patient and parent/guardian and brought to appointment with the licensed medical personnel.
All forms must be completed prior to your student participating in athletics.

NAME:_____ **GRADE:** _____ **DATE OF BIRTH:** _____
FALL 2021

ANSWER EACH QUESTION SPECIFIC TO "IN THE PAST YEAR" AND EXPLAIN ANY "YES" ANSWER WITH AN ATTACHED DOCUMENT

	GENERAL QUESTIONS	Yes	No
1	Do you have any concerns you'd like to discuss with your provider?		
2	Has a provider ever denied or restricted your participation in sports for any reason?		
3	Do you have any ongoing medical issues or recent illnesses?		
	HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4	Have you ever passed out or nearly passed out during or after exercise?		
5	Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7	Has a doctor ever told you that you have any heart problems?		
8	Has a doctor ever requested a test for your heart? (Example: electrocardiography or echocardiography)		
9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10	Have you ever had a seizure?		
	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before 35 years of age (including drowning or unexplained car crash)		
12	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 (CVPT)?		
13	Has anyone in your family had a pacemaker or implanted defibrillator before age 35?		
	BONE AND JOINT QUESTIONS	**Yes**	**No**
14	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 a game?		
15	Do you have a bone, muscle, ligament or joint injury that bothers you?		
	MEDICAL QUESTIONS	**Yes**	**No**
16	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17	Are you missing a kidney, an eye, a testicle, your spleen or any other organ?		
18	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19	Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?		
20	Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21	Have you ever had numbness, tingling or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22	Have you ever become ill while exercising in the heat?		
23	Do you or does someone in your family have sickle cell trait or disease?		
24	Have you ever had, or do you have any problems with your eyes or vision?		
25	Do you worry about your weight?		
26	Are you trying to, or has anyone recommended that you gain or lose weight?		
27	Are you on a special diet, or do you avoid certain types of foods or food groups?		
28	Have you ever had an eating disorder?		
29	Have you ever had COVID-19?		
	FEMALES ONLY	**Yes**	**No**
30	Have you ever had a menstrual period?		
31	How old were you when you had your first period?		
32	When was your most recent period?		
33	How many periods have you had in the past 12 months?		

List all past and current medical conditions:

Have you ever had surgery? If Yes, list all procedures:

List all prescriptions, over-the-counter meds or supplements you currently take:

Do you have any allergies? If Yes, Please list them here:

Over the last two weeks, how often have you been bothered by the following problems? (Circle Response)				
	Not at All	**Several Days**	**Over Half the Days**	**Nearly Every Day**
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest in pleasure or doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes				

AUTHORIZATION AND CERTIFICATION

As the parent/guardian, my signature (1) authorizes the above-named student to participate in athletics and (2) certifies that to the best of my knowledge everything above is complete and correct and with full knowledge of above medical history that the above-named student is physically fit to participate in interscholastic athletics for the 2021-22 school year.

Name of Parent/Guardian: _____ **Signature of Parent/Guardian:** _____

Date: _____ **20:**_____ **Signature of Student-Athlete:** _____