Lehigh Valley Peds

Date _____

Sports/Preparticipation Evaluation

Adolescent's Name _____ Adolescent's DOB/Age _____

Adolescent's Sport(s) _____

Parent/Guardian's Name _____ Relationship to Adolescent _____

Please explain all yes answers below.	**Yes**	**No**	**N/A**
1. Has a doctor ever denied or restricted your participation in sports for any reason?			
2. Have you ever passed out or nearly passed out DURING or AFTER exercise?			
3. Have you ever had discomfort, pain, or pressure in your chest during exercise?			
4. Does your heart race or skip beats during exercise?			
5. Is there any family history of sudden death?			
6. Has a doctor ever ordered a test for your heart? (Echo, EKG)			
7. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches?			
8. **If yes to #7,** which area was involved? ☐ Head ☐ Neck ☐ Shoulder ☐ Upper arm ☐ Elbow ☐ Forearm ☐ Hand/Fingers ☐ Chest ☐ Upper back ☐ Lower back ☐ Hip ☐ Thigh ☐ Knee ☐ Calf/Shin ☐ Ankle ☐ Foot/Toes			
9. Have you ever had a head injury or concussion?			
10. Have you ever been hit in the head and been confused or lost your memory?			
11. Do you have an ongoing medical condition (such as diabetes or asthma)?			
12. Have you ever used an inhaler or taken asthma medicine?			
13. Has a doctor ever told you that you have any of the following: ☐ High blood pressure ☐ A heart murmur ☐ A seizure disorder ☐ High cholesterol ☐ A heart infection			
14. Do you regularly use a brace or assistive device?			
15. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game?			
16. Have you had any broken or fractured bones or dislocated joints?			
17. Have you ever had a stress fracture?			
18. Do you wear glasses or contact lenses?			
19. Have you had any injuries, medical issues, or surgeries unknown to our office?			

Please explain any "yes" answers here. Use the numbers to indicate which question is being answered:

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Athlete's Signature _____ Patient/Guardian's Signature _____ Date _____

OFFICE USE ONLY Patient cleared for participation? ☐ Yes ☐ No

Doctor/PA/NP Initials that form was discussed and reviewed _____