

ATHLETIC PRE-PARTICIPATION SCREENING EXAM

PART 2: General Examination (to be completed by the examining physician)

	Normal	Abnormal (Describe)	
Eyes, Ears, Nose, Throat			Pulse:
Skin			Blood Pressure:
Lungs			Height:
Heart			Weight:
Abdomen			

SUGGESTED MUSCULOSKELETAL EXAM

MOTION/STRENGTH		NL	AB			NL	AB	Describe Abnormals
				KNEE JOINT				
N	Flexion			K	Effusion			
E	Extension			N	Tenderness			
C	Rotation left			E	QUADRICEPS			
K	Rotation right			E	Size			
	Lateral flexion right				Defects			
	Lateral flexion left			&	PATELLA			
				S	Tenderness			
S	Forward flexion			U	Crepitus			
H	Abduction			R	Abnormal tracking			
O	Extension			R	Subluxable			
U	Internal rotation			O	PATELLAR TENDON			
L	External rotation			U	TIBIAL TUBERCLE			
D	Horizontal adduction			N	LIGAMENTS			
E	STABILITY			D	Medical collateral			
R	A-C JOINT			I	Lateral collateral			
				N	Anterior cruciate			
E	Biceps extension			G	Posterior cruciate			
L	Triceps extension							
B	Supination			A	CARTILAGE TESTING			
O	Pronation			R	STRENGTH			
W				E	Hip flexors			
				A	Hamstrings			
	GENERAL FLEXIBILITY			S				
	Hamstrings				MOTION/STRENGTH			
	Lumbar Spine			A	Plantarflexion			
	Adductor (groin)			N	Dorsiflexion			
	Achilles			K	Inversion			
	Quadriceps			L	Eversion			
				E	LIGAMENTS			
	WRIST / HAND				SPINE / SCOLIOSIS			
					FEET			

RECOMMENDATIONS:

Unlimited participation	Clearance withheld pending further evaluation	Participation limited to specific sports	No athletic participation
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Physician's Name _____

Examination Date _____

Physician's Signature _____

Los Altos High School

HEALTH HISTORY / ATHLETIC PRE-PARTICIPATION SCREENING EXAM *Check List*

PART 1: (PRINT)

Last Name _____ First Name _____ Grade _____ Los Altos High School

HEALTH HISTORY (Must be completed prior to the examination)

<u>YES</u> / <u>NO</u>	Has this student had any:
_____ / _____	Chronic or recurrent illness?
_____ / _____	Illness lasting over 1 week?
_____ / _____	Hospitalizations?
_____ / _____	Surgery other than removal of tonsils?
_____ / _____	Missing organs (eye, kidney, testicle)?
_____ / _____	Problems with heart or blood pressure?
_____ / _____	Chest pain or severe shortness of breath with exercise?
_____ / _____	Dizziness or fainting with exercise?
_____ / _____	Fainting, bad headaches or convulsions?
_____ / _____	Concussion or loss of consciousness?
_____ / _____	Heat exhaustion, heatstroke, or other problems with heat?

<u>YES</u> / <u>NO</u>	Does this student:
_____ / _____	Wear eyeglasses or contact lenses?
_____ / _____	Wear dental bridges, braces, or plates?
_____ / _____	Take any medications? Please list them:

<u>YES</u> / <u>NO</u>	Is there any history of:
_____ / _____	Injuries requiring physician treatment?
_____ / _____	Neck or back injury?
_____ / _____	Knee injury?
_____ / _____	Shoulder or elbow injury?
_____ / _____	Ankle injury?
_____ / _____	Other serious joint injury?
_____ / _____	Broken bones (fractures)?

	Further history:
_____ / _____	Is there any reason why this student should not participate in sports?
_____ / _____	Has any family member died suddenly at less than 40 years of age of causes other than an accident?
_____ / _____	Has any family member had a heart attack at less than 55 years of age?