PSAL Pre-Participation Physical Exam

Please Note: An additional page has been added to the form entitled "PSAL Health History COVID Addendum."

Please take all four pages of the form to your medical provider.

The only page that gets returned to the Athletic Director is titled "Recommendations for Participation in Physical Education and Sport."



HISTORY FORM | Preparticipation Physical Evaluation

any reason? 2	(Note: This form is to be filled out by the patient and parent prior to seeing the medical provider. The medical provider should keep this form in the student's medical file. This form does not get returned to the athletic department date of Exam Date of Birth OSIS#								tment.)					
Medicines and Allergies Please list all of the prescription and over the counter medicines and supplements (horizal and nutritional) that you are currently taking. Do you have any allergies? Yes No yee, press identify specific allergy below Do you carry an inhaler? Yes No Yes Yes No Yes Yes No Yes	Last Name First Name										Sport(s)			
Medicines and Allergies Please list all of the prescription and over the counter medicines and supplements (horizal and nutritional) that you are currently taking. Do you have any allergies? Yes No yee, press identify specific allergy below Do you carry an inhaler? Yes No Yes Yes No Yes Yes No Yes	Sex Age Grade School					S	chool C	ampi	IS					
Polesta list all of the prescription and over-the-counter medicines and supplements (horizal and nutritional) that you are currently taking. Do you carry an inhaler?	ООЛ	7.90	u. aao	66.1661										
Dyou have any allergies? Yes No Yes, places identify specific allergy below: Double of the pollution P														
Explain "Yes" answers below. Circle questions you don't know the answers to GEVERAL QUESTIONS 1. Has a doctor ever denied or residingly over participation in sports for any reason? 2. Do you have any engoing modical conditions? if it is, uplease identify below. Ashmar you were here admitted to the bropptata? 2. Do you have any engoing modical conditions? if it is, uplease identify below. Ashmar you were here admitted to the bropptata? 3. Have you ever been admitted to the bropptata? 4. Have you ever been admitted to the bropptata? 5. Have you ever been admitted to the bropptata? 5. Have you ever been admitted to the bropptata? 6. Have you ever plassed out or nearly passed out Dulkink or AFTER cover to? 6. Have you ever plassed out or nearly passed out Dulkink or AFTER cover to? 6. Have you ever broad disconnier to jan. High because in your closed furting exercise? 6. Have you ever tour and or skip beats while resting or during exercise? 6. Have you ever tour you but you have any heart problems? If so, closed all that safely! High blood prossess Ah eart mirror 6. Have you ever tour you but you have any heart problems? If so, closed all that safely! High blood prossess Ah eart mirror 6. Have you ever tour do you be you have any heart problems? If so, closed all that safely! High blood prossess Ah eart mirror 6. Have you ever tour do you be you have any heart problems? If so, closed all that safely High blood problems? If so, does not not you be the problems? 6. Have you ever tour you be you have any heart problems? If so, does not you were tour do you be you have any heart group ever tour and in other tour you have any heart group ever tour and in the your arms or legs after being hit or failing? 6. Have you ever tour do you be you heart for your heart? 6. Have you ever tour do you have any heart group ever tour and the your problems? 7. Have you ever that any hour any your problems? 8. Have you ever that any hour to your ever the any hour to your your problems? 8. Have you										er?				
New your period or instricted your participation in sports for any reason? New Your flower of the program o									Epi Po	en?				
1. Has a doctor ever dended or restricted your participation in sports for any reason? 2. Do you have any orgoning medical conditions? If so, please identify below:				Explain "Yes" answ	vers below.	Circ	ele qu	ıest	ions you do	on't know th	e answers to			
any reason? 2.0 o you have any ongoing medical conditions? If so, please identify below. 2.1 on you have any ongoing medical conditions? If so, please identify below. 2.2 on you have any ongoing medical conditions? If so, please identify below. 2.2 on you have any ongoing medical conditions? If so, please identify below. 2.2 on you have any ongoing medical conditions? If so, please identify below. 2.2 on you have any ongoing on a ferre exercise? 2.2 on you have any ongoing a kidney, are eye, a testicle (males), your splean, or any other organic and part of please in the property of taken actimum medicine? 2.2 on you were based out or nearly passed out DURING or AFTER overcise? 2.2 New you were had disconnictly passed out DURING or AFTER overcise? 2.2 New you were had disconnictly passed out DURING or AFTER overcise? 2.2 New you were had disconnictly passed out or man't passed out DURING or AFTER overcise? 2.2 New you were had an integrated passed out or man't passed out DURING or AFTER overcise? 2.2 New you were had an integrated passed out or man't passed out DURING or AFTER overcise? 2.2 New you were had a integrated passed out or man't passed out DURING or AFTER overcise? 2.2 New you were had a integrated passed out or man't passed	GEN	ERAL QUESTIONS				Yes							Yes	No
2. Do you have any ongoing medical conditions? If so, please identify below. Asthmap Another Diabete Infections circle oall disease or trait	1.		enied or restr	icted your participation in spo	orts for									
Aftima Anoma Diabetes Infections scicle cell disease or trait of ther:	_				-1'f . l1									
A livery you ever had surgery? 2 3 5 there aeyone in your family have skidery, an eye, a testicic (males), your spleen, or any other corgan? 5 1 50 you have any cert had surgery? 5 1 50 you have any cert had surgery? 5 1 50 you have any cert had surgery? 5 1 50 you have any cert had decorring to pain, lightness, or pressure in your chest during certificates. 5 1 50 you have any cert had decorring to pain, lightness, or pressure in your chest during certificates. 5 1 5 5 5 5 5 5 5 5	2.			• • • • • • • • • • • • • • • • • • • •	•									
all vary you ever bean admitted to the hospital? 20, Wore you born without or are you missing a kidney, an eye, a tosticle (males), your spleen, or any other organ? 20, Yes No. 25, Have you ever bassed out of metry based out DURING or AFTER exercise? 31, Do you had infectious monounclosis (mon) within the last month? 21, Have you ever hard discomfort, frain, tighthess, or pressure in your chest during exercise? 34, Have you had a hepper or MISA dain infectious? 24, Have you were had a head injury or concussion? 36, Have you ever had a head injury or concussion? 37, Have you ever had a head injury or concussion? 38, Do you have any benefit organ. 38, Do you had a metal problems? 18, Have you ever had a head injury or concussion? 38, Do you have a metal-ache. or memory problems? 39, Do you have benefaches with evertices? 39, Do you have benefaches with evertices? 39, Do you get lightheaded or feel more short of breath than expected during exercise? 40, Have you ever had an unexpected or such that the problems? 41, Have you had a head injury or concussion? 42, Have you ever had an unexpected or such that the problems? 40, Have you ever had an unexpected or such that the problems? 40, Have you ever had an unexpected or such that the problems? 40, Have you ever had an interpolate of the problems? 40, Have you ever had any heart surgery? 41, Have you had any problems with your problems? 41, Have you had any problems with your heart benefit or heart your mine your problems? 42, Have you ever had an injury that problems? 43, Do you were problems? 44, Have you had any problems with your heart benefit or heart you had you had benefit heart you had your problems? 44, Have you had any p			iia 🖵 Diabeti	es 🗀 intections 🗀 sickie ceii	disease or trait				-			ine?		
A New you were had surgery?	3.		admitted to t	the hospital?					-	eve a testicle (males)				
5. Have you are passed out or nearly passed out DURNO or AFTER exercise? chase you never had disconfort, pain, tightness, or pressure in your chest during exercise? 7. Does your head are rea or skip beats while resting or during exercise? 8. Has a doctor ever fold you that you have any heart problems? 9. Has a doctor ever fold you that you have any heart problems? 9. Has a doctor ever fold you that you have any heart problems? 9. Has a doctor ever fold you that you have any heart problems? 9. Has a doctor ever fold you that you have any heart problems? 9. Has a doctor ever fold you that you have any heart problems? 9. Has a doctor ever fold you that you have any heart problems? 9. Has a doctor ever ordered a test for your heart? 9. Has a doctor ever ordered a test for your heart? 9. Has a doctor ever ordered a test for your heart? 9. Has a doctor ever ordered a test for your heart? 9. Has a doctor ever ordered a test for your heart? 9. Has a doctor ever ordered a test for your heart? 9. Has a doctor ever ordered a test for your heart? 9. Do you get limit pleadable, or mercise? 9. Has a you ever head any mense free or short of breath man expected during exercise? 9. Have you ever head any mense or leads in the following decrease. 9. Have you ever head any mense or leads in the following decrease of the beat of the decrease of the decrease of the beat of the decrease of the				<u> </u>										
6. Have you ever had discomfort, pain, tightheses, or pressure in your chest during exercise? 7. Does your heart ever race or skip beats while resting or during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: I help blood pressure I heart murmur I high cholestorol I heart infection I kawasaki disease Other: 9. Has a doctor ever ordered a test for your heart? 9. Has a doctor ever ordered a test for your heart? 9. Has a doctor ever ordered a test for your heart? 9. How you get lightheaded or feel more short of breath than expected during exercise? 9. Has a doctor ever ordered a test for your heart? 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Do you get more tired or short of breath more quickly than your friends during exercise? 12. Have you ever had any heart surgery? 13. Does anyone in your family have an irregular heartheat? 14. Has any family member of relative died of heart problems or had an unexpelated or unexplained solden death before age 50 (including drowning, unexplained or accident, or sudden infant death syndrome)? 15. Does anyone in your family had unexplained fainting, unexplained serioures, or near drowning? 16. Has anyone in your family had unexplained fainting, unexplained serioures, or near drowning? 17. Do you or someone in your family have sickle cell trait or disease? 18. Have you are thad an injury to a bone, muscle, Ilgament, or lendon that caused you to miss a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or lendon that caused you to miss a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or lendon that caused you to miss a practice or a game? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 22. Have you ever had an injury that purched						Yes	No							
chest during exercise? Nas a doctor ever told you that you have any heart problems? If so, check all that apply: I high blood pressure I have heart worked and have any heart problems? If so, check all that apply: I high blood pressure I have a heart minumer I high checkers I have said disease On you have a high problems? If so, check all that apply: I high blood pressure I have said disease On you have a history or because I have you ever had a high injury or concussion? The said office of the more short of the earth infection Kawasaid disease On you have a history or because I have you ever had a high pladedhe, or mercrise? The said office of the more short of threath than expected during exercise? The said of														
7. Does your heart ever race or skip beats while resting or during exercise? S. Have you ever had an head injury or concussion? S. Have you ever had an inexplained seture? S. Do you get frequent individed or feel more short of breath man expected during exercise? 41. Have you ever had an inexplained in family had unexplained for fealth every friends during exercise? 42. Have you ever had an inexplained set in the form of the earth of the had the set of the feel of the earth of the had the set of the feel of the earth of the had the year of	l .			ain, tightness, or pressure in y	our							problems?		
8. Has a doctor ever fold you that you have any heart problems? If so, check all that apply: High blood pressure Awarsaki disease Other: San doctor ever ordered a test for your heart? For example, EGGEKG, echocardiogram) San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your heart? San doctor ever ordered a test for your beart ? San doctor ever ordered a test for your beart ? San doctor ever ordered a test for your beart ? San doctor ever ordered a test for your beart ? San doctor ever ordered a test for your ever seen unable to move your arms or legs after being hit or falling? San douring exercise? San douring exerci				beats while resting or during	exercise?				-					
check all that apply: High blood pressure A heart murmur	8.	Has a doctor ever to	ld you that yo	ou have any heart problems?	If so,				-					
Sample S												ed confusion,		
9. Has a doctor ever ordered a test for your heart? 10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Do you get lightheaded or feel more short of breath than expected during exercise? 12. Have you ever head any heart surgery? 13. Does anyone in your family have an irregular heartbeat? 14. Hase you ever head any problems with your eyes or vision? 15. Does anyone in your family have an irregular heartbeat? 16. Hase you ever head en your family have an irregular heartbeat? 17. Does anyone in your family have a heart problems or had an unexpected or unexplained satisfaction, which will include an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18. Have you ever had any heart surgery? 19. Have you ever had any problems with your eyes or vision? 19. Have you ever had now the excellance with every hear any problems with your eyes or vision? 19. Have you ever had hearting loss or problems with your hearing? 19. Does anyone in your family have a heart problem, pacemaker, or defibrillator? 19. Does anyone in your family have unexplained selzures, or near drowning? 19. Have you ever had now the excellance with every heart surgery? 19. Do you or someone in your family have sickle cell trait or disease? 20. Do you were problems with your hearing? 21. Are you or someone in your family have a heart problem, pacemaker, or defibrillator? 22. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 23. Do you regure had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 24. Have you ever had an injury that reguired varys, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 25. Have you ever had an entiry that reguired varys, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 26. Have you ever had an entiry that reguired varys, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 27. H			A heart i	nfection 🗖 Kawasaki diseas	е									
Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?														
10. Do you get lightheaded or feel more short of breath than expected during exercise? 11. Do you get more tired or short of breath more quickly than your friends during exercise? 12. Have you ever had any heart surgery? 13. Dose anyone in your family have an irregular heartbeat? 14. Have you ever had any heart surgery? 15. Dose sanyone in your family have an irregular heartbeat? 16. Dos anyone in your family have a heart problems or had an unexplained car accident, or sudden infant death syndrome!? 17. Do you wear protective eyevears, such as goggles or a face shield? 18. Have you were had any heart surgery? 19. Dose anyone in your family have a heart problems expected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome!? 18. Have you ever had hearing loss or problems with your hearing? 19. Do you wear protective eyevears, such as goggles or a face shield? 19. Do you wear your family have a heart problem, pacemaker, or defibrillator? 19. Do you or someone in your family have sickle cell trait or disease? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, instability? (Down syndrome or dwarfism) 22. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 25. Have you ever had an injury that re	1								-					
during exercise? 11. Do you get more tired or short of breath more quickly than your friends during exercise? 12. Have you ever head any heart surgery? 13. Do you get more tired any heart surgery? 14. Have you ever head any heart surgery? 15. Does anyone in your family have an irregular heartbeat? 16. Has any family member of relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 15. Does anyone in your family have a heart problem, pacemaker, or defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or defibrillator? 17. Do you or someone in your family have sickle cell trait or disease? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cruches? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or cruches? 21. Have you ever had an injury that bothers you? 22. Have you ever had an injury that bothers you? 23. Do you negularly use a brace, orhoricis, or other device? 24. Do you were had an injury that bothers you? 25. Have you ever had an injury that bothers you? 26. Have you ever had an injury that bothers you? 27. When was your last period? 28. Have you have any pother medical problems? 29. Have you ever had an injury that bothers you? 29. Have you ever had an injury that bothers you? 29. Have you ever had an injury that bothers you? 29. Have you ever had an injury that bothers you? 29. Have you ever had a mentrual period? 29. Have you					cted			40.			ngling, or weakness in	i your arms or		
11. Do you get more tired or short of breath more quickly than your friends during exercise? 12. Have you ever had any heart surgery? 13. Have you ever had any heart surgery? 14. Have you ever had any heart surgery? 15. Does anyone in your family have an irregular heartbeat? 16. Has any family member of relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 16. Has anyone in your family have a heart problem, pacemaker, or defibrillator? 17. Do you are protective eyewear, such as goggles or a face shield? 18. Has anyone in your family have a heart problem, pacemaker, or defibrillator? 19. Do you or someone in your family have sickle cell trait or disease? 19. Are you on a special dief or do you avoid certain types of foods? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had any broken or fractured bones or dislocated joints? 21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 22. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 23. Do you are problems with your periods (severe cramps, heavy bleeding?) 24. Do you have any other medical problems? 25. Have you ever had any broken or fractured bones or dislocated joints? 26. Have you ever had any broken or fractured bones or dislocated joints? 27. Have you ever had any broken or fractured bones or dislocated joints? 28. What is the frequency of your periods? 29. Have you ever had any problems with your periods (severe cramps, heavy bleeding?) 29. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 29. Have you ever had any problems with your periods? 2	1	, , ,		oro oriore or produit aran oxpor	,			41.			ve your arms or legs a	fter being hit or falling?		
12. Have you ever had any heart surgery? 44. Have you lad any problems with your eyes or vision? 45. Have you lad any problems with your eyes or vision? 46. Have you had any eye injuries? 47. Do you wear glasses or contact lenses? 48. Have you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 49. Do you wear protective eyewars, such as goggles or a face shield? 50. Have you ever had an eating disorder? 51. Fave you ever had an eating disorder? 52. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy,			d or short of	breath more quickly than you	ır friends									
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY Yes No 45. Have you had any eye injuries? 46. Do you wear glasses or contact lenses? 47. Do you wear glasses or contact lenses? 48. Have you ever had nearing loss or problems with your hearing? 48. Have you ever had a cacident, or sudden infant death syndrome)? 49. Do you worry about your weight? 50. Are you trying to or has anyone enommended that you gain or lose weight? 51. Have snyone in your family have a heart problem, pacemaker, or defibrillator? 52. Have you ever had an acting disorder? 53. Do you not someone in your family have sickle cell trait or disease? 54. Do you have any concerns that you would like to discuss with a doctor? 55. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 56. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 57. Do you not someone in your family have sickle cell trait or disease? 58. What is the frequency of your periods? 59. Have you ever had a minjury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 59. Have you ever had any broken or fractured bones or dislocated joints? 50. Have you ever had any broken or fractured bones or dislocated joints? 50. Have you ever had any broken or fractured bones or dislocated joints? 50. Have you ever had any broken or fractured bones or dislocated joints? 50. Have you ever had any broken or fractured bones or dislocated joints? 51. Have you ever had any broken or fractured bones or dislocated joints? 52. Have you ever had any problems with your periods (severe cramps, heavy bleeding? 53. What is the frequency of your periods? 54. Have you ever had a menstrual period? 55. Have you have any concerns that you would like to discuss with a doctor? 56. Have you ever had a menstrual period? 57. When was your last period? 58. What is the frequency of your periods? 59. Have you ever had any broken or your death of t														
13. Does anyone in your family have an irregular heartbeat? 14. Has any family member of relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 15. Does anyone in your family have a heart problem, pacemaker, or defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or defibrillator? 17. Do you or someone in your family have a heart problem, pacemaker, or defibrillator? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, instability? (Down syndrome or dwarfism) 20. Have you ever had an stress fracture? 21. Have you ever had an stress fracture? 22. Have you ever had an injury that required x-rays, MRI, CT scan, injections, instability? (Down syndrome or dwarfism) 23. Do you have any problems with your periods (severe cramps, heavy bleeding?) 14. Have you ever had an injury that required x-rays, MRI, CT scan, injections, inject						Voo	No				your eyes or vision?			
14. Has any family member of relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 15. Does anyone in your family have a heart problem, pacemaker, or defibrillator? 16. Has anyone in your family have a heart problem, pacemaker, or defibrillator? 17. Do you or someone in your family have sickle cell trait or disease? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you regularly use a brace, or thortics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? 15. Inverted the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for (Child's Name) to have a physical examination, which will include an inguinal and testicular examination for gives. It is exam is performed in the school setting, I understand that if either I or my child refuses to have these profes.						tes	INO							
unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 15. Does anyone in your family have a heart problem, pacemaker, or defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Do you or someone in your family have sickle cell trait or disease? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a sitess fracture? 21. Have you ever had a sitess fracture? 22. Have you ever had a sitess fracture? 23. Do you have any problems with your hearing loss or problems with your periods evering and that poy un weight? 55. Have you over had an earling disorder? 56. Have you over had an injury to a bone, muscle, injury to a bone, muscle, or joint injury that bothers you? 18. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 26. Have you ever had a site set fracture? 27. When was your last period? 28. What is the frequency of your periods? 29. What is the frequency of your periods? 29. What is the frequency of your periods? 29. Explain "yes" answers here 29. Parent/Guardian Name 29. Parent/Guardian Name 29. Parent/Guardian Signature 20. Parent/Guardian Signature 20. Do you have an injury did testicular examination for boys and an inguinal examination or beautiful feither I or my child refuses to have these plants of the stants of the stan		, ,	,	•	ad an							face chield?		
Uniexplained car accident, or sudden finant death syndrome? 49. Do you worry about your weight?					ding drowning,					-				
15. Does anyone in your family have a heart problem, pacemaker, or defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Do you or someone in your family have sickle cell trait or disease? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you have any other medical problems? 15. Are you on a special diet or do you avoid certain types of foods? 52. Have you ever had an eating disorder? 53. Do you have any other medical problems? 15. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 16. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you regularly use a brace, orthotics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? 15. Are you on a special diet or do you avoid certain types of foods? 55. Have you over had an eating disorder? 56. Have you ever had a menstrual period? 57. When was your last period? 58. What is the frequency of your periods? 28. What is the frequency of your periods? 29. Explain "yes" answers here 29. Explain "yes" answers here 20. Have you ever had an enstrual period? 20. Have you ever had a menstrual period? 20. Have you ever had a menstrual period? 21. Have you ever had a menstrual period? 25. Have you ever had an test period? 26. Have you ever had a menstrual period? 26. Have you over had a menstrual period? 27. When was your last period? 28. What is the frequency of your periods? 29. What is the frequency of your periods? 29. What is the frequency of your periods? 20. Have you										•		nouning.	1	
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 17. Do you or someone in your family have sickle cell trait or disease? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 22. Have you ever had an attention for boys and an inguinal ton for boys and an inguinal examination for girls. If this exam is performed in the school setting, I understand that if either I or my child refuses to have these												u gain or lose weight?		
17. Do you or someone in your family have sickle cell trait or disease? 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had any broken or fractured bones or dislocated joints? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you nave a bone, muscle, ligament, or tendon that you have or have you had any problems with your periods (severe cramps, heavy bleeding?) 55. Have you had any problems with your periods (severe cramps, heavy bleeding?) 57. When was your last period? 58. What is the frequency of your periods? Explain "yes" answers here Explain "yes" answers here Parent/Guardian Name Parent/Guardian Signature Date			family had ur	nexplained fainting, unexplain	ed seizures,			51.	Are you on a sp	ecial diet or do y	ou avoid certain types			
BONE AND JOINT QUESTIONS 18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you have any other medical problems? 45. Have you ever had a menstrual period? 56. Have you had any problems with your periods (severe cramps, heavy bleeding?) 57. When was your last period? 58. What is the frequency of your periods? Explain "yes" answers here Explain "yes" answers here Family Guardian Name Parent/Guardian Name Parent/Guardian Signature			in vour famili	u baya siakla sall trait ar disar	2002				_					
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 19. Have you ever had any broken or fractured bones or dislocated joints? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever had a stress fracture? 23. Do you regularly use a brace, orthotics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? Parent/Guardian Name Parent/Guardian Signature		-		y nave sickle cell trait of disea	150:	Voc	No					iss with a doctor?		
that caused you to miss a practice or a game? 19. Have you ever had any broken or fractured bones or dislocated joints? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever been told that you have or have you had an x-ray for neck instability? (Down syndrome or dwarfism) 23. Do you regularly use a brace, orthotics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? 1 have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for				hone muscle ligament or te	ndon	res	NO			iy otner medical p	problems?		Voc	No
19. Have you ever had any broken or fractured bones or dislocated joints? 20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever been told that you have or have you had an x-ray for neck instability? (Down syndrome or dwarfism) 23. Do you regularly use a brace, or ribntics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? 1 have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for (Child's Name) to have a physical examination, which will include an inguinal and testicular examination for girls. If this exam is performed in the school setting, I understand that if either I or my child refuses to have these					ildon					had a menstrual r	neriod?		ies	NO
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 21. Have you ever had a stress fracture? 22. Have you ever been told that you have or have you had an x-ray for neck instability? (Down syndrome or dwarfism) 23. Do you regularly use a brace, orthotics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? I have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for	19.	Have you ever had a	ny broken or	fractured bones or dislocated	d joints?				-			ramps, heavy bleeding?		
therapy, a brace, a cast, or crutches? 1. Have you ever had a stress fracture? 2. Have you ever been told that you have or have you had an x-ray for neck instability? (Down syndrome or dwarfism) 2. Do you regularly use a brace, orthotics, or other device? 2. Do you have a bone, muscle, or joint injury that bothers you? 1. have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for					ı, injections,				_			, , ,g.		
22. Have you ever been told that you have or have you had an x-ray for neck instability? (Down syndrome or dwarfism) 23. Do you regularly use a brace, orthotics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? I have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for								58.	What is the fre	quency of your pe	eriods?			
instability? (Down syndrome or dwarfism) 23. Do you regularly use a brace, orthotics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? I have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for		-			av for neck		1	Ехр	lain "yes" ansv	vers here				
23. Do you regularly use a brace, orthotics, or other device? 24. Do you have a bone, muscle, or joint injury that bothers you? I have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for	l .			-	., 101 110010				·	·				
I have reviewed the History Form and I hereby state that, to the best of my knowledge, the answers to the above questions are complete and correct. I give permission for(Child's Name) to have a physical examination, which will include an inguinal and testicular examination for boys and an inguinal examination for girls. If this exam is performed in the school setting, I understand that if either I or my child refuses to have these				,										
questions are complete and correct. I give permission for	24.	Do you have a bone	, muscle, or j	oint injury that bothers you?			1							
questions are complete and correct. I give permission for							1							
questions are complete and correct. I give permission for(Child's Name) to have a physical examination, which will include an inguinal and testicular examination for boys and an inguinal examination for girls. If this exam is performed in the school setting, I understand that if either I or my child refuses to have these	l ha	ve reviewed the Histor	v Form and LI	hereby state that, to the hest of	my knowledge, th	ne ansı	vers to	the at	pove Parent/Gua	rdian Name				
girls. If this exam is performed in the school setting, I understand that if either I or my child refuses to have these	que	stions are complete ar	nd correct. I gi	ive permission for	(Child's N	ame) t	o have	a phy	sical Barant/Cua	rdian Signature		Date		
grade evamined the OCH Medical provider will not be able to complete this form and clear my child for participation		s. If this exam is perfor	med in the scl	hool setting, I understand that if	either I or my chi	ld refu	ses to h	ave th	1 IOI 16S6 Phone #	2.3				

NYC_ED_AAP_PPE_HISTORY_FORM_09162019
PAGE 1

PSAL Health History COVID Addendum

(to be completed and signed by parent/guardian within 30 days before sports participation)

COVID-19 Information (Check Yes or No for each question)	YES	NO
Has your child ever tested positive for COVID-19?		
 Did your child ever have symptoms of COVID-19 infection? (Symptoms could include fever, chills, fatigue, body aches, new loss of smell or taste, unexplained cough, shortness of breath or trouble breathing) 		
3. Did your child ever see a healthcare provider (HCP) for COVID-19 symptoms?		
Did your child have any of the symptoms below? (If yes, please add more information.)		
-New fast or slow heart rate		
-Chest pain or tightness		
-New or unexplained fainting or fatigue		
 -A new heart condition or blood pressure changes diagnosed by a health care provider 		
If yes, is your child under a health care provider's care for this?		
5 Was your child hospitalized? If yes, provide date(s):		
If yes, was your child diagnosed with Multisystem Inflammatory syndrome (MISC)?		
If yes, is your child under a health care provider's care for this?		

Please explain fully any question you answered yes to in the space below, include dates if known. Use additional pages if necessary.								
Parent/Guardian Signature:	Date:							



PHYSICAL EXAMINATION FORM | Preparticipation Physical Evaluation

		NOTE: The medical provider sh	ould keen	this form in	n the student's medical file. This form does r	not get returned to the athletic department.		
Last Name	First Name	No 121 mo modical provider on	odia noop	Date of I		iot got retained to the dunete department		
School/Campus/ATSDBN			Grade		OSIS#			
STUDENT'S HISTORY FORM REVIEWED BY	MEDICAL PROVIDE	R			YES NO			
PHYSICIAN REMINDER - Consider the question					COMMENTS			
Do you feel safe at your home or residence?					- Committee			
Do you feel safe at school?								
Do you ever feel stressed out or under a lot of	of pressure?							
Do you ever feel sad, hopeless, depressed, o								
Have there been any changes in your weight								
Have you ever taken any supplements to help		reight or improve your perfo	rmance	?				
Have you ever taken anabolic steroids or use			111101100	•				
Have you ever tried cigarettes, alcohol, or oth		апос заррістісті:						
During the past 30 days, did you use cigarett		druge?						
	ies, alconor or other	uruys:						
Are you using contracentines?								
Are you using contraceptives?								
Do you wear a seat belt?								
EXAMINATION					,			
Height W	Veight					☐ Male ☐ Female		
22		Pulse Vis			ion R20/	Corrected		
BP		i uise		VIS	1120/			
/					L20/	☐ Yes ☐ No		
MEDICAL		NORMAL			ABNORMAL FINDINGS			
Appearance								
 Marfan stigmata (kyphoscoliosis, high-are 								
excavatum, arachnodactyly, arm span >	height, hyperlaxity,							
myopia, MVP)								
Eyes/ears/nose/throat								
Pupils equal Hearing								
Lymph nodes								
Heart ^a				-				
Murmurs (auscultation standing, supine,	+/- Valsalva)							
 Location of point of maximal impulse (PN 								
Pulses	,							
 Simultaneous femoral and radial pulses 								
Lungs								
Abdomen								
Genitourinary (males only) ^b								
Skin	ornorio							
HSV, lesions suggestive of MRSA, tinea co Neurologies	огропъ			-				
Neurologic°		NODMAL			ARMORAAL FINIDINGS			
MUSCULOSKELETAL		NORMAL			ABNORMAL FINDINGS			
Neck								
Back (including scoliosis screening)								
Shoulder/arm								
Elbow/forearm								
Wrist/hand/fingers								
Hip/thigh								
Knee								
Leg/ankle								
Foot/toes								
Functional								
 Duck-walk, single leg hop 								
Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. ^b GU exam must be done in a private setting; the presence of a third party/chaperone is needed. It should not be performed in mass participation settings. Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion. I have examined the above named student and completed the pre-participation physical examination. The athlete may/may not participate in the sport(s) outlined on the Recommendations for Participation in Physical Education and Sports form. This form may be rescinded until the potential consequences of the health issue are explained to both the student and his/her parents, and the health issue has been resolved. All information and recommendations contained herein are valid through the last day of the month for 12 months from the date below.								
Name of medical provider (print/type)				Dat		License/NPI Number		
Address				Pho	ne			
Signature of Medical Provider					MD/DO/NP/PA	CTAMPLIEDE		

NYC_ED_AAP_PPE_HISTORY_FORM_09162019

PAGE 2



RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION & SPORTS

To be completed by student's health care provider or activities.

	Inis p	age must be submitted to d	coach or athletic director before	PSAL participation.
Last Name	First Name	OSIS#	ŧ	Grade
School/Campus/ATSDBN				
CLEARED FOR ALL SPORTS W	ITHOUT RESTRICTIO			
□ NOT CLEARED		Duration:		
□ NOT CLEARED PENDING FURT	HER EVALUATION			
□ CLEARED FOR ALL SPORTS W EVALUATION OR TREATMENT I				ER
☐ CLEARED WITH RESTRICTIONS	S/ADAPTATIONS/ACC	COMMODATIONS	Duration:	
■ NO CONTACT SPORTS: includes basketball, competitive cheerleading, diving, field hockey, football (tackle), gymnastics, ice hocke lacrosse, rugby, soccer, stunt, wrestling	y, ice skating, pole vai	ross-country skiing, I, handball, high jump,	■ NO NON-CONTACT SP archery, badminton, bowl discus, double dutch, gol walking, rifle, shot-put, sw tennis, tennis, track & field	ing, cricket, f, javelin, race vimming, table
□ OTHER RESTRICTIONS				
ACCOMMODATIONS/PROTECTIVE	E EQUIPMENT			
□ None □ Athletic Cup □ Sports/Saf				
□ Brace/Orthotic □ Hearing A			Other	
☐ PERTINENT MEDICAL HISTORY_				
□ ALLERGIES				None
MEDICATIONS				
☐ Has prescribed pre-exercise medical				
☐ Has prescribed PRN medication				
☐ Student is Self-Carry/Self-Administer	er, unless in an emerg	ency or student is in	ncapable of self-adminis	stration
Explanation				
□ OTHER RECOMMENDATIONS				
I have examined the above named studer MEDICAL HISTORY RELATED TO COVI physical exam will be provided to the schotthe parents. This form may be rescinded: safe participation in sports, and/or until the parents, and the health issue has been re the month for 12 months from the date be	D-19. The athlete may/ma ool medical room staff and by a medical provider if the potential consequences solved. All information and	y not participate in the sp can be made available to ere are any changes in the of the health issue are ex	port(s) as outlined above. A co to the school administration at the student's health that could explained to both the student ar	opy of the the request of affect his/her nd his/her
Name of medical provider (print/type)		Title	License/NPI	
Address		1	Medical Provider's Stamp	
Dhana	F			
Phone Fax	Email			
Signature of medical provider		Date		