East Hampton High School East Hampton, CT 06424 PH: 860-365-4030

FAX: 860-365-4034

■ PREPARTICIPATION PHYSICAL EVALUATION **HISTORY FORM**

ıme				Date of birth				
			lSport(s)					
fedicines and Allerg	gies: Please list all of the prescription and over	r-the-co	unter me	edicines and supplements (herbal and nutritional) that you are currently	taking			
						_		
				<u> </u>		_		
						_		
o you have any aller ☐ Medicines	gies? ☐ Yes ☐ No If yes, please lde ☐ Pollens	entify spe		ergy below. ☐ Food ☐ Stinging Insects				
						_		
	below. Circle questions you don't know the a	T Comment		APPRICAL SUPPLICALS	Yes			
ENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS 26. Do you cough, wheeze, or have difficulty breathing during or	rea	-		
 Has a doctor ever de: any reason? 	nied or restricted your participation in sports for			after exercise?				
2. Do you have any ong	oing medical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?				
below: Asthma Other:	☐ Anemia ☐ Diabetes ☐ Infections			28. Is there anyone in your family who has asthma?	 	\vdash		
	the night in the hospital?	+		29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?				
4. Have you ever had so				30. Do you have groin pain or a painful bulge or hernia in the groin area?		_		
IEART HEALTH QUESTI		Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?				
	d out or nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?				
AFTER exercise?		-	\vdash	33. Have you had a herpes or MRSA skin infection?		L		
Have you ever had di chest during exercise	iscomfort, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?				
	race or skip beats (irregular beats) during exercise			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?				
	d you that you have any heart problems? If so,			36. Do you have a history of seizure disorder?	 	┢		
check all that apply:		1		37. Do you have headaches with exercise?		H		
☐ High blood press ☐ High cholesterol				38. Have you ever had numbness, tingling, or weakness in your arms or		T		
☐ Kawasaki diseas				legs after being hit or falling?				
Has a doctor ever ori echocardiogram)	dered a test for your heart? (For example, ECG/EKG,			39. Have you ever been unable to move your arms or legs after being hit or falling?				
10. Do you get lightheaded or feel more short of breath than expected				40. Have you ever become ill while exercising in the heat?		╀		
during exercise? 11. Have you ever had a	n unavnisinad esixura?	+		41. Do you get frequent muscle cramps when exercising? 42. Do you or someone in your family have sickle cell trait or disease?		╁		
	of or short of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?		H		
during exercise?	O or priors or product trians squarely steam your frontain			44. Have you had any eye injuries?		t		
HEART HEALTH QUEST	IONS ABOUT YOUR FAMILY	Yes	No	45. Do you wear glasses or contact lenses?		t		
13. Has any family member or 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)?			Seattles.	46. Do you wear protective eyewear such as goggles or a face shield?		\vdash		
				47. Do you worry about your weight?		T		
14. Does anyone in your	family have hypertrophic cardiomyopathy, Marfan			48. Are you trying to or has anyone recommended that you gain or		Г		
	ogenic right ventricular cardiomyopathy, long QT syndrome, Brugada syndrome, or catecholaminergio			lose weight?	-	╀		
polymorphic ventricu				49. Are you on a special diet or do you avoid certain types of foods? 50. Have you ever had an eating disorder?	-	╁		
	family have a heart problem, pacemaker, or			51. Do you have any concerns that you would like to discuss with a doctor?		+		
implanted defibrillate		+	-	FEMALES ONLY		+		
 Has anyone in your t seizures, or near dro 	family had unexplained fainting, unexplained swning?			52. Have you ever had a menstrual period?	-	t		
BONE AND JOINT QUE		Yes	No	53. How old were you when you had your first menstrual period?		_		
	n injury to a bone, muscle, ligament, or tendon			54. How many periods have you had in the last 12 months?				
	niss a practice or a game?	+	-	Explain "yes" answers here				
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	any broken or fractured bones or dislocated joints? an injury that required x-rays, MRI, CT scan,	+	-			_		
	in injury that required x-rays, wist, CT scan, a brace, a cast, or crutches?					_		
20. Have you ever had a				1		_		
21. Have you ever been	told that you have or have you had an x-ray for nec					_		
	axial instability? (Down syndrome or dwarfism)	1				_		
	e a brace, orthotics, or other assistive device?	1						
	, muscle, or joint injury that bothers you? s become painful, swollen, feel warm, or look red?	1						
	s become painful, swollen, reel warm, or look rear story of juvenile arthritis or connective tissue disease	2	1					
or jou nave mil ills	ver's enfancement mounts of contracting approach approach							

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AUSICIAN REMINDERS Consider additional questions on more sensitive issues Do you let let said, includes, other and to dipressure? Do you ever feel said, includes, other and to dipressure? Do you ever feel said, includes, other and to dipressure or includes? Have you ever titled cigarettes, chewing tobacco, saudr, or dip? During the past 30 days, did you seek chewing tobacco, saudr, or dip? During the past 30 days, did you seek chewing tobacco, saudr, or dip? During the past 30 days, did you seek chewing tobacco, saudr, or dip? They you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance? Have you ever taken any supplements to help you gain or loss welght of imprive your performance. Have you ever taken any supplements	lame						Date	Date of birth		
Consider distincting cuestions on more sensitive issues - to by out effect send, chippetes, otherwise, otherw		DEBC								
Do you ver liet and confidence and to in pressure? Do you ver liet and confidence and confidence? Do you ver liet and set your home or residence? Set very your profit or gravers of membrane? Do you ver liet and set your home or residence? Do you were liet and early office from your day office profit make confidence and you were trained and you were set liet and you you were and an anabolic service for used any other performance supplement? Here you ever titles an any supplements to hely you gas and or loss weight or improve your performance? Do you were a settle use a Achieur, and our condoming? Consider reverwing questions on cardiovascular symptoms (questions 5-14). ***********************************			re sensitive	e issues						
** Do you feel sale at your home or residence? ** Blave you were field opacities, Exembly obscarce, smalf, or dip? ** During the past 30 days, did you use chewing blaces, smalf, or dip? ** During the past 30 days, did you use chewing blaces, smalf, or dip? ** During the past 30 days, did you use chewing blaces, smalf, or dip? ** Star you ever taken any supplements to help you gate or loss weight or improve your performance? ** Do you were a seet bett, use a helmet, and use condoms? ** Consider reviewing questions on cardiovascular symptoms (questions 5–14). ** Examination** ** Meght** ** Weight** ** Weight** ** Weight** ** Pulse* ** Weight** ** Pulse* ** HOMMAAL* ** ABNORMAL*, FRIDHINGS* ** HOMMAAL* ** ABNORMAL*, FRIDHINGS* ** Pulse* ** Simultaneous Remark and Imposts (PMU) ** Pulse* ** Simultaneous Remark and	Do you feel stressed	out or under	a lot of pre	ssure?						
* Native you were strict of cigaratties, chewing lobacco, suntil, or dip? * Do you drink alcohol or use any other drugs? * Take you were state that use a helinest, and use condense? **Consider revelving questions on cardiovascular symptoms (questions 5=14). **Examination **Consider revelving questions on cardiovascular symptoms (questions 5=14). **EXAMINATION **Consider revelving questions on cardiovascular symptoms (questions 5=14). **EXAMINATION **Consider revelving questions on cardiovascular symptoms (questions 5=14). **EXAMINATION **Consider revelving questions on cardiovascular symptoms (questions 5=14). **EXAMINATION **Poly Neight Meight Meight Male Female **P / (/) Pulse Vaion R 20/ L 20/ Corrected Y N **EXERCISED No Consider revelving questions on cardiovascular symptoms (questions on cardiovascular symptoms										
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* Hare you ever taken any supplements to help you gain or lose weight or improve your performance? Consider reverving questions on cardiovascular symptoms (questions 5–14). ZAMBIKATION Beight Weight Weight Pube Pube Vision R 20 L 20 Corrected P N R BINOMAL FINDINGS Upperance **Marina signanda (typhoscoliosis, high-arched palains, poctus excavatum, arachnodactyly, arm span > height, hyperbaliny, revopea, MMP aortic in sufficiency) **Yeigheran/house/hours **Pupita equal **Hearing **Learing **Marina signanda (typhoscoliosis, high-arched palains, poctus excavatum, arachnodactyly, arm span > height, hyperbaliny, revopea, MMP aortic in sufficiency) **Yeigheran/house/hours **Pupita equal **Learing **Marina signanda (typhoscoliosis, high-arched palains, poctus excavatum, arachnodactyly, arm span > height, hyperbaliny, revopea, MMP aortic in sufficiency) **Yeigheran/house/hours **Pupita equal **Learing **Marina signanda (typhoscoliosis, high-arched palains, poctus excavatum, arachnodactyly, arm span > height, hyperbaliny, revopea, MMP aortic in sufficiency) **Pupita equal **Learing **Marina signanda (typhoscoliosis, high-arched palains, poctus excavatum, arachnodactyly, arm span > height, hyperbaliny, revopea, MMP aortic in sufficiency) **Learing **Marina signanda (typhoscoliosis, high-arched palains, poctus excavatum, arachnodactyly, arm span > height, hyperbaliny, revopea, MMP aortic in sufficiency) **Learing signal s	. Do you drink alcohol	or use any o	ther drugs?							
Do you wear a seat befu, use a helmet, and use condoms? CEAMBIATION **CAMBIATION** **CAMBIATION** **P / (/) Pulse						2				
Consider reverving questions on cardiovascular symptoms (questions 5-14). EXAMINATION Palse					n or improve your penor	талсег				
Segit					5-14).					
Segit	EVANSIMATION		-	1000				50°		
Part Pulse Vision R207 L207 Corrected Y NEDECAL NORMAL ADMORMAL FRHOMIS			Weig	ht	☐ Male	☐ Female				
Week Age and September 1 Approximately (syphosocolosis, high-arched palate, pectus excavatum, arachnodachyly, arm span > height, hyporlassiy, employa, MMP, acritic insufficientry) Weekers/mose/TWU Publis equal Heating Whatmat glauscultation standing, supine, +/- Valsalva) Location of point of maximal impute (PMI) Wides Simultaneous lemonal and radial pulses Location of point of maximal impute (PMI) Wides Simultaneous lemonal and radial pulses Location of point of maximal impute (PMI) Wides Simultaneous lemonal and radial pulses Location of point of maximal impute (PMI) Wides Simultaneous lemonal and radial pulses Location of point of maximal impute (PMI) Wides Simultaneous lemonal and radial pulses Location of point of maximal impute (PMI) Wides Simultaneous lemonal and radial pulses Location of point of maximal impute (PMI) Wides Simultaneous lemonal and radial pulses Location of point of maximal impute (PMI) Wides Simultaneous lemonal (PMI) Location of point of maximal impute (PMI) Wides Location of point of maximal impute (PMI) Location of point of max		- (L 20/	Corrected Y N		
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Marfan signmate (kryphosociloses, high-arched palate, pectus excavatum, arachnodactyk), arm span > height, hyperdasity, myopia, MVP, apritic insufficiency) year/earn/rose/frose-frose/frose-fro	Appearance									
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Mearting	Eyes/ears/nose/throat									
ymph nodes	Pupils equal									
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☐ For certain sports	☐ Pendin	further eval	uation							
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		•								
Description										
lecommendations										

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).