

**SCREENING FOR PARTICIPATION IN SPORTS**

**PART 1 - TO BE COMPLETED BY PARENT/GUARDIAN**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Sport(s) Played: \_\_\_\_\_ Family MD: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**HEALTH HISTORY (If Yes, please explain):**

Question	No	Yes	Explanation
Does your child have allergies?			
Is your child on any medications (include non-prescriptions)?			
Has your child ever become dizzy or passed out during/after exercise?			
Any past history of chest pain?			
...high blood pressure?			
...heart murmur?			
...head injury or knocked out or unconscious?			
Does your child have trouble breathing or cough during/after activity?			
Does your child use any special equipment (e.g. pads, braces, neck rolls, mouth guards, eye guards, etc.)?			
Has your child ever had a sprained/strained, dislocated, fractured, broken or repeated swelling of any bones or joints?			
Has anyone in your family under the age of 50 had sudden cardiac death?			
When was your child's last tetanus shot?			

**PART 2 - TO BE COMPLETED BY RN AND PROVIDER**

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_ / \_\_\_\_ Pulse: \_\_\_\_\_  
 Vision: \_\_\_\_\_ Corrected? \_\_\_\_\_  
 R 20 / \_\_\_\_ L 20 / \_\_\_\_  Yes  No Nurse Signature: \_\_\_\_\_

**PROVIDER'S EXAMINATION:**

Areas Being Examined	Normal	Abnormal Findings
Pupils		
Ears		
Pulses		
Heart Sounds: Laying / Sitting / Standing		
Lung Sounds		
Abdominal		
Musculaskeletal		
Neck		
Shoulder		
Musculaskeletal System		
Neck		
Shoulder		
Elbow		
Wrist		
Back		
Knee		
Ankle		
Foot		
Inguinal / Testicles		
Other		

**STATUS**

\_\_\_\_\_ Cleared \_\_\_\_\_ Cleared after completing evaluation for: \_\_\_\_\_  
 \_\_\_\_\_ Not Cleared for  Collision;  Contact;  Non-contact - Due to: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_