



FÒM ISTWA MEDIKAL PASYAN AN | Ealyasyon fizik avan pasyan an patisipe

(SONJE: Fòm sa a se pou pasyan ak paran an ranpli I anvan yo wè ajan medikal la. Ajan medikal la dwe kenbe fòm sa a nan dosye medikal élèv la.
Yo pa dwe retounen fòm sa bay depatman atletik la.)

Dat Egzamen				Dat Nesans	OSIS#
Siyati		Non		Espò	
Sèks	Laj	Klas	Lekòl	Campus Lekòl	

Medikaman ak Alèji

Tanpri site tout medikaman yo preskri w ak medikaman ak sipleman vitamin ou ka achte san preskripsyon ke ou ap pran kounye a.

Èske w gen alèji? Wi Non Si wi, tanpri idantife alèji espesifik pi ba a:

Medikaman _____ Polèn Manje _____ Ensèk k ap pike Latex

Èske w genyen yon ponp (inhaler)? Wi Non

Èske w gen Epi Pen? Wi Non

Si w di "wi" eksplike repons la pi ba a. Ansèkle kesyon ou pa konnen repons yo

KESYON JENERAL		Wi	Non	KESYON MEDIKAL		Wi	Non
1.	Èske yon doktè te janm refize oswa limite patisipasyon w nan espò pou yon rezon këlkonk?			27.	Èske w touse, esoufle, oswa gen difikilite pou respire pandan oswa apre egzèsis?		
2.	Èske ou genyen lòt kondisyon medikal ki poko ale? Si wi, tanpri idantife pi ba a: <input type="checkbox"/> Opresyon <input type="checkbox"/> Anemi <input type="checkbox"/> Maladi oswa tras anemi falsifòm <input type="checkbox"/> Dyabèt <input type="checkbox"/> Enfeksyon Lòt kondisyon: _____			28.	Èske w te janm itilize yon ponp oswa pran medikaman pou opresyon?		
3.	Èske ou te janm entène lopital?			29.	Èske gen moun nan fanmi w ki gen opresyon?		
4.	Èske w te janm fè operasyon?			30.	Èske w te fèt san yon ren oswa manke yon ren, yon je, yon testikil (gason), larat ou (spleen), oswa nenpòt lòt ògan?		
KESYON SOU SANTE KÈ OU		Wi	Non	31.	Èske w gen doulè nan lènn ou oswa yon doulè enflamasyon oswa èni nan zòn lènn la?		
5.	Èske ou te janm dekonpose oswa prèske dekonpose PANDAN oswa APRE ou fini fè egzèsis?			32.	Èske w te gen yon maladi enfektyez, viral tankou (mononucleosis) nan mwa pase a?		
6.	Èske ou pa janm santi malèz, doulè, konpresyon sou lestimak ou pandan ou ap fè egzèsis?			33.	Èske w gen gràtel, maleng, oswa lòt pwoblèm po?		
7.	Èske kè w te janm bat vit oswa sote pafwa lè ou ap repoze oswa ou ap fè egzèsis?			34.	Èske w te gen épès oswa enfeksyon po SARM?		
8.	Èske yon doktè te janm di w ou gen pwoblèm ke? Si w reponn wi, tyeke tout sa yo ye : <input type="checkbox"/> Tansyon w wo <input type="checkbox"/> Yon bwi nan kè <input type="checkbox"/> Kolestewòl ou wo <input type="checkbox"/> Yon enfeksyon nan kè <input type="checkbox"/> Maladi Kawasaki Lòt pwoblèm: _____			35.	Èske ou te janm pran yon chòk nan tèt oswa pèdi konesans apre yon chòk nan tèt?		
9.	Èske yon doktè te janm mande w pou fè tès pou kè ou? (Tankou, ECG/EKG, ekokadyogram)			36.	Èske w te janm fè yon kriz san eksplikasyon?		
10.	Èske w gen vètij oswa santi w esoufle plis pase w atann ou lè w ap fè egzèsis?			37.	Èske w te janm pran yon kou oswa chòk nan tèt ki fè w egare, ba w yon gwo maltèt toutan, oswa pwoblèm memwa?		
11.	Èske w santi w vin pi fatige oswa esoufle pi vit pase zanmi w yo pandan w ap fè egzèsis?			38.	Èske w gen istwa tonbe malkadi?		
12.	Èske w te janm fè operasyon nan kè?			39.	Èske ou konn gen tèt fè mal lè w fè egzèsis ?		
KESYON SOU SANTE KÈ FANMI OU		Wi	Non	40.	Èske w konn santi w nanm, gen pikotman oswa feblès nan bra w oswa nan janm ou apre ou fin frape yo oswa apre w te tonbe?		
13.	Èske gen moun nan fanmi w ki gen yon rit kadyak iregilye?			41.	Èske w te janm pa kapab fè mouvman avèk bra w oswa janm ou apre ou fin frape yo oswa apre w te tonbe?		
14.	Èske w gen manm nan fanmi oswa paran w ki te mouri nan pwoblèm kè oswa mouri sibit anvan laj 50 tan (nwaye, aksidan wватi moun pa ka eksplike, oswa sendwòm mò sibit tibebe)?			42.	Èske w pa janm vini malad pandan w ap fè egzèsis nan chalè?		
15.	Èske w gen moun nan fanmi w ki gen pwoblèm kè, aparèy pou estimile kè (pacemaker), oswa defibrilatè?			43.	Èske w konn gen lakranc nan misk ou souvan lè w ap fè egzèsis?		
16.	Èske w gen moun nan fanmi w ki konn k ap endispoze san eksplikasyon, kriz san eksplikasyon, oswa prèske nwaye?			44.	Èske ou te janm gen pwoblèm nan je w oswa pwoblèm pou wè?		
17.	Èske oumenm oswa yon moun nan fanmi w gen tras oswa maladi anemi falsifòm?			45.	Èske w te pran yon chòk nan je w?		
KESYON SOU ZO AK ATIKILASION		Wi	Non	46.	Èske w pote linèt oswa kontak?		
18.	Èske w konn gen chòk nan zo, misk, ligaman, oswa tandon ki fè w pa ale nan yon pratik oswa yon match?			47.	Èske w mete linèt pou pwoteje w tankou goggles oswa mask?		
19.	Èske w pa janm gen okenn zo kase oswa fraktire oswa atikilasyon disloke?			48.	Èske w te janm gen pwoblèm pou tande?		
20.	Èske w te janm gen yon chòk ki mande pou fè radyografi, MRI, eskanè, enjeksyon, terapi, sipò, plak oswa beki?			49.	Èske w gen pwoblèm ak pwa ou?		
21.	Èske w te janm gen frakti estrès?			50.	Èske w ap eseysi oswa yon moun rekòmande w pou pran pwa oswa pèdi pwa?		
22.	Èske yo te janm di w pou fè oswa èske w te janm fè yon radyografi pou enstabilite kou ou? (Down syndrome or dwarfism)			51.	Èske ou nan yon rejim espesyal oswa èske ou evite kèk tip manje?		
23.	Èske w itilize yon sipò, ôtèz (orthotics) ak lòt aparèy regilyèman?			52.	Èske w pa janm gen pwoblèm alimantasyon?		
24.	Èske w gen yon chòk nan zo, misk, oswa nan atikilasyon k ap nui w?			53.	Èske ou gen okenn enkyetid ou ta renmen pale sou yo avèk yon doktè?		
25.	Èske ou gen istwa doulè atrit oswa maladi tisi konjonktif?			54.	Èske ou genyen okenn lòt pwoblèm medikal?		
26.	Èske jwent ou yo vin ap fè w mal, anfle, cho, oswa parèt wouj?			FI SELMAN			
				55.	Èske w fòme déjà?		
				56.	Èske w gen pwoblèm avèk règ ou (gwo vant fè mal, bay anpil san)?		
				57.	Ki dènye fwa ou te gen règ ou? _____		
				58.	Chak ki lè règ ou vini? _____		
Si w reponn "wi" eksplike la a							

Mwen revize Fòm Istwa medikal la epi mwen sétifye dapre tout konesans mwen repons pi wo yo konplè ak kòrèk. Mwen bay pèmison pou _____ (Non timoun la) fè yon egzamen fizik, ki pral gen ladan tou yon egzamen abdomèn ak testikil pou ti gason ak egzamen (inguinal) abdomèn pou ti fi. Si yo fè egzamen sa a nan lokal lekòl la, mwen konprann ke si swa mwen swa pitit mwen an refize fè egzamen pati sa yo, ajan sante OSF pa pral kapab fini ranpli fòm sa a pou pèmèt pitit mwen an patisipe.

Non Paran/Responsab

Siyati Paran/Responsab :

Dat

Telefon



PHYSICAL EXAMINATION FORM | Preparticipation Physical Evaluation

NOTE: The medical provider should keep this form in the student's medical file. This form does not get returned to the athletic department.

Last Name	First Name	Date of Birth	
School/Campus/ATSDBN		Grade	OSIS#
STUDENT'S HISTORY FORM REVIEWED BY MEDICAL PROVIDER			
PHYSICIAN REMINDER - Consider the questions below		YES NO	COMMENTS
Do you feel safe at your home or residence?			
Do you feel safe at school?			
Do you ever feel stressed out or under a lot of pressure?			
Do you ever feel sad, hopeless, depressed, or anxious?			
Have there been any changes in your weight?			
Have you ever taken any supplements to help you gain or lose weight or improve your performance?			
Have you ever taken anabolic steroids or used any other performance supplement?			
Have you ever tried cigarettes, alcohol, or other drugs?			
During the past 30 days, did you use cigarettes, alcohol or other drugs?			
Are you sexually active?			
Are you using contraceptives?			
Do you wear a seat belt?			
EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP _____ / _____	Pulse	Vision R20/ L20/ _____	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance		<ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, arm span > height, hyperlaxity, myopia, MVP) 	
Eyes/ears/nose/throat		<ul style="list-style-type: none"> • Pupils equal • Hearing 	
Lymph nodes			
Heart ^a		<ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 	
Pulses		<ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 	
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin			
<ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back (including scoliosis screening)			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional			
<ul style="list-style-type: none"> • Duck-walk, single leg hop 			
<small>^aConsider 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. ^cconsider 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.</small>			
Name of medical provider (print/type)		Date	License/NPI Number
Address		Phone	
Signature of Medical Provider		.MD/DO/NP/PA	
STAMP HERE			



RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION & SPORTS

To be completed by student's health care provider or school medical provider

Last Name	First Name	OSIS#	Grade
School/Campus/ATSDBN			

 CLEARED FOR ALL SPORTS WITHOUT RESTRICTION NOT CLEARED

Duration: _____

 NOT CLEARED PENDING FURTHER EVALUATION

Duration: _____

 CLEARED FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATIONS FOR FURTHER EVALUATION OR TREATMENT FOR: _____ CLEARED WITH RESTRICTIONS/ADAPTATIONS/ACCOMMODATIONS

Duration: _____

 NO CONTACT SPORTS:

includes basketball, competitive cheerleading, diving, field hockey, football (tackle), gymnastics, ice hockey, lacrosse, rugby, soccer, stunt, wrestling

 NO LIMITED CONTACT SPORTS:

includes baseball, cross-country skiing, fencing, flag football, handball, high jump, ice skating, pole vault, skiing, softball, volleyball

 NO NON-CONTACT SPORTS: includes archery, badminton, bowling, cricket, discus, double dutch, golf, javelin, race walking, rifle, shot-put, swimming, table tennis, tennis, track & field OTHER RESTRICTIONS _____**ACCOMMODATIONS/PROTECTIVE EQUIPMENT** None Athletic Cup Sports/Safety Goggles Medical/Prosthetic Device Pacemaker Insulin Pump/Insulin Sensor
 Brace/Orthotic Hearing Aides Protective Ear Gear Other _____**PERTINENT MEDICAL HISTORY** _____ ALLERGIES _____ None**MEDICATIONS** Has prescribed pre-exercise medication _____ Has prescribed PRN medication _____ Student is Self-Carry/Self-Administer, **unless in an emergency or student is incapable of self-administration**

Explanation _____

 OTHER RECOMMENDATIONS _____

I have examined the above named student and completed the pre-participation physical examination. The athlete may/may not participate in the sport(s) as outlined above. A copy of the physical exam will be provided to the school medical room staff and can be made available to the school administration at the request of the parents. This form may be rescinded: by a medical provider if there are any changes in the student's health that could affect his/her safe participation in sports, and/or 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)		Title	License/NPI
Address			Medical Provider's Stamp
Phone	Fax	Email	
Signature of medical provider		Date	