



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
POLICY BULLETIN**

**TITLE:** Preparticipation Physical Evaluation and Medical Clearance of Students Participating in Interscholastic Athletics and Select Auxiliary Units

**NUMBER:** BUL-4948.1

**ISSUER:** Judy Elliott, Chief Academic Officer  
Office of Curriculum, Instruction and School Support

**DATE:** October 1, 2010

**ROUTING**  
Local District  
Superintendents  
Administrators  
School Nurses  
School Physicians  
Athletic Directors  
Coaches

**POLICY:** Each student planning to participate in California Interscholastic Athletic Federation competition or cheerleading must undergo an annual Preparticipation Physical Evaluation by a qualified California licensed health care provider prior to tryout, practice or actual competition. Select auxiliary units and marching band must undergo a physical evaluation at least once prior to tryout, practice or participation.

**MAJOR CHANGES:** This Bulletin replaces BUL-4948 of the same title dated February 1, 2010. The content has been updated to reflect current requirements, personnel, and phone numbers to call for assistance.

**GUIDELINES:** I. PHYSICAL EXAMINATION FOR INTERSCHOLASTIC ATHLETICS

A. Goals and Objectives

The overall goal of the Preparticipation Physical Evaluation (PPE) is to help maintain the health and safety of the athlete in training and competition which is achieved by three primary objectives:

- Detect conditions that may be life threatening or disabling
- Detect conditions that may predispose to injury
- Meet legal and administrative requirements

B. Qualification of the Examiners

Qualification of an examiner to perform the PPE is based on training and clinical expertise. In general, the District accepts medical clearance from California-licensed health care providers in the following groups:

- Physician (MD/DO)
- Nurse Practitioner (NP)
- Physicians Assistant (PA)

Nurse practitioners and physician assistants that are appropriately trained and licensed may perform PPEs under the direct or indirect supervision of a California-licensed physician. Co-signatures are not required by law, and therefore should not be required on PPE forms. However, the school nurse should be able to contact the health care provider to clarify a clearance or recommendation in order to ensure the health and safety of the athlete.



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All providers should work within the scope of their license and use appropriate referral and consultation to address problems beyond their expertise.

### C. Timing and Frequency of the Evaluation

A full PPE must be conducted annually prior to tryout, conditioning, practice, and competition in a sport. To allow for time to treat or rehabilitate any identified problem, the PPE should ideally be performed at least 6 weeks prior to the start of practice. To avoid potential difficulties of scheduling evaluations in mid-summer during conditioning or pre-season practice, evaluations may be performed at the end of the previous school year.

### D. Methods and Settings of the Evaluation

The best setting for a full PPE is in the primary care provider's office. Students should be encouraged to plan in advance and schedule a visit to their provider for a PPE well before the start of the season. Students and parents/guardians should be provided the forms that need to be completed for medical clearance (Appendix A).

While the PPE is not intended to substitute for an athlete's routine health maintenance/physical examination, PPE offers an opportunity for the provider to provide general health maintenance and counseling on health-related issues and could be an added benefit to the athlete, if time and circumstances permit.

Mass screenings in a gym or auditorium are generally not sufficient to accomplish the objectives of the PPE (see above). There are some instances where a qualified medical team can be assembled to provide a thorough and confidential evaluation of many athletes in a shorter period of time. However, schools should be cautioned that an "assembly line" approach may miss serious problems in an athlete that can lead to injury or death, and the qualified examiner (see I.B.) is responsible for examining the student and ultimately determining clearance for athletic participation.

Volunteer health care providers doing athletic physical examinations without charge in schools must comply with LAUSD volunteer guidelines and the California State Education Code. A fee may not be charged for physical examinations done on school sites without the appropriate permit/lease from the Real Estate Branch. For further information, please see BUL-1559, "[Delivery of Volunteer Health and Mental Health Services to Students](#)," dated January 6, 2005.

### E. Forms for Documenting Evaluation

The full PPE must be documented on the "Preparticipation Physical Evaluation" form (Appendix A). The California Interscholastic Federation Sports Medicine Committee recommends the use of the PPE form



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published in the “Preparticipation Physical Evaluation,” 4<sup>th</sup> Edition (see references). The form includes health history, physical exam, and clearance sections that are important for documentation of a full PPE. Appendix A is adapted from the “Preparticipation Physical Evaluation” 4<sup>th</sup> Edition monograph and is the preferred form for documenting evaluation and clearance. School personnel should use reasonable judgment when accepting PPEs documented on other forms. Any questions about the PPE form should be directed to the school nurse.

### II. PROCEDURES AND RESPONSIBILITIES

#### A. Athletic Director and Coaches

1. Distribute the following to students planning to try out for competitive athletics:
  - a. Athletic Record Card to be completed and signed on the back by the student and the parent/guardian. Personal identifying information on the face of the card should be completed by the student.
  - b. The Preparticipation Physical Evaluation form is to be completed and signed by a California-licensed health care provider with the contact information of the clinic or office where it was performed.
2. After removing the Insurance Certificate, take the completed Athletic Record Card and the completed Preparticipation Physical Evaluation form to the school nurse. Medical approval is valid for one year only.
3. File the Insurance Certificate with the athletic director.
4. Keep a record of students who have been medically approved, deferred, or disapproved.

#### B. School Nurse

1. Evaluate Preparticipation Physical Evaluation and review student health record, if available.
2. Determine whether the health care provider’s approval is in accord with what is documented on the PPE (Appendix A). If necessary, contact the health care provider to clarify any recommendation or restriction. If after contacting the private health care provider there are unresolved questions regarding the clearance, consult with the local district school physician.
3. File the completed PPE with the student’s health record in the school Health Office.



### III. DETERMINING CLEARANCE FOR ATHLETIC PARTICIPATION

The most important decision in the PPE is determining clearance for athletic participation. Clearance can be divided into four categories:

- Clearance without restriction;
- Clearance with recommendation for further evaluation or treatment (such as rechecking blood pressure in one month);
- “Not cleared” clearance status to be reconsidered after completion of further evaluation, treatment or rehabilitation;
- Not cleared for certain types of sports or for all sports.

If the athlete cannot play the sport of choice, the health care provider should consider alternatives that allow some form of participation.

It is extremely important to ensure complete understanding by the athletes, parents, coaches and, when necessary, school administrators of any restrictions; necessary work-up and treatment; and any alternative activities in which the athlete may participate. To respect confidentiality, however, the health care provider involved in restricting an athlete should obtain authorization from the athlete’s parent/guardian prior to releasing information to coaches and school administrators.

The “Preparticipation Physical Evaluation” 4<sup>th</sup> Edition has a discussion of the categories of possible disqualifying issues. For most chronic health conditions, the evidence supports and encourages the participation of children and adolescents in athletic activities. A summary of medical conditions and sports participation is included in Appendix B. Most conditions in the table have a “yes” or “qualified yes” with regards to participation in athletics. While this table may assist medical and nonmedical personnel in determining appropriate sports participation decisions, it should never substitute for sound medical judgment and consideration of all variables known to influence safe and healthy athletic activity.

It should be noted that LAUSD has a separate policy for functionally one-eyed athletes. See “[Clearance Policy for Student Athletes with Impaired Vision](#),” which can be found in LAUSD’s e-library.

### IV. RETURN TO ATHLETIC PARTICIPATION

#### A. Minor Illness or Injury

A student absent from athletic practice or competition for an extended period of time due to illness or injury must present a written statement



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from the treating California-licensed health care provider indicating a recommendation for return to athletic participation and any modifications or accommodations that may need to be implemented. The student shall be referred to the school nurse who will determine eligibility and notify the coach.

### B. Serious Illness or Injury

The student returning with written approval from the California-licensed health care provider following a serious injury or illness including, but not limited to, concussion, fracture, ruptured kidney, spleen or liver, extensive lacerations, torn ligaments, etc., must be referred to the school nurse for reevaluation prior to resuming practice and competitive athletics.

### V. HEALTH CLEARANCE FOR CHEERLEADERS

Cheerleaders are not covered by the California Interscholastic Federation (C.I.F.) regulations. However, these activities often include strenuous activities or skills that warrant a pre-participation physical evaluation. Students who wish to participate in cheerleading will obtain a PPE annually prior to tryout, practice and competition. The coach or instructor shall distribute the necessary forms, and the school nurse shall collect and review the forms as described in section II.B.

### VI. HEALTH CLEARANCE FOR AUXILIARY UNITS (DRILL TEAM, FLAG TEAM, AND DANCE TEAM) AND MARCHING BAND

Students who wish to participate in select auxiliary units and marching band activities will obtain a PPE at least once prior to tryout, practice and competition. The coach or instructor shall distribute the necessary forms, and the school nurse shall collect and review the forms as described in section II.B. Annual physical clearances are not required, but the students, their families and coaches should report any interim health issue that will affect participation to the school nurse. The school nurse should screen the Student Health Record each year to determine District clearance to participate.

**AUTHORITY:** This is a policy of the Los Angeles Unified School District, Student Health and Human Services.

**RELATED RESOURCES:**

1. American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Preparticipation Physical Evaluation, 4<sup>th</sup> Ed. 2010.



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2. Stephen G. Rice and the Council on Sports Medicine and Fitness, Medical conditions affecting sports participation, Pediatrics 2008;121;841-848.
3. California Interscholastic Federation. Sports Medicine Handbook. 3<sup>rd</sup> Ed. 2009. Accessed at: [http://www.cifstate.org/health\\_safety/pdf/sportsmedicinehandbook.pdf](http://www.cifstate.org/health_safety/pdf/sportsmedicinehandbook.pdf)

**ASSISTANCE:** For assistance or further information, please contact Director, Student Medical Services and Health Partnerships, at (213) 241-3872; or Director, District Nursing Services, at (213) 765-2800; or Director, Interscholastic Athletics, at (213) 207-2200.

# Los Angeles Unified School District Preparticipation Physical Evaluation

Date of Exam: \_\_\_\_\_

Appendix A

Student's Name: _____	Sex: _____	Age: _____	Date of Birth: _____
Grade: _____	School: _____	Sport(s): _____	
Address: _____		Phone: _____	
Personal Physician/Provider: _____			
In case of emergency, contact: Name: _____ Relationship: _____			
Phone (H): _____ (W): _____ (Cell): _____ (Cell): _____			

**Medicines and Allergies:** Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

- Medicines                       Pollens                       Food                       Stinging insects

*This section is to be carefully completed by the student and his/ her parent(s) or legal guardian(s) before participation in interscholastic athletics. Explain Yes answers below. Circle questions you don't know the answers to.*

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in a hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> A Heart Infection <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> High Cholesterol      Other _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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?)			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendinitis that caused you to miss a practice or game?			45. Do you wear glasses or contact lenses?		
18. Have you had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of food?		
22. Do you regularly use a brace, orthotics or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		
			Explain "yes" answers here:		

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# Distrito Escolar Unificado de Los Angeles

## Evaluación física previa a la participación

Fecha del examen: \_\_\_\_\_

Appendix A

Nombre y apellido del estudiante: _____		Sexo: _____		Edad: _____		Fecha de nacimiento: _____	
Grado: _____		Escuela: _____		Deporte(s): _____			
Dirección: _____				Teléfono: _____			
Médico de cabecera/Proveedor de servicios médicos: _____							
En caso de emergencia comunicarse con: Nombre y apellido: _____				Relación: _____			
Teléfono (Casa): _____		(Trabajo): _____		(Celular): _____		(Celular): _____	

### Antecedentes

*El estudiante y su padre, madre o tutor deberán llenar cuidadosamente esta sección antes de participar en atletismo interescolar.*

	Sí	No		Sí	No
1. ¿Crees que gozas de buena salud?	<input type="checkbox"/>	<input type="checkbox"/>	25. ¿Toses, resollas o respiras con dificultad durante o después del ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Tienes un problema de salud crónico (como diabetes o asma)?	<input type="checkbox"/>	<input type="checkbox"/>	26. ¿Hay alguien en tu familia que sufra de asma?	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Estás tomando actualmente algún medicamento o pastillas, con o sin receta?	<input type="checkbox"/>	<input type="checkbox"/>	27. ¿Alguna vez usaste un inhalador o tomaste medicamento para el asma?	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Tienes alergia a los medicamentos, al polen, a los alimentos, o a las picaduras de insectos?	<input type="checkbox"/>	<input type="checkbox"/>	28. ¿Te falta o naciste sin un órgano, como uno de los riñones, un ojo, un testículo, u otro órgano?	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Alguna vez algún doctor ha negado o ha restringido tu participación en deportes por cualquier motivo?	<input type="checkbox"/>	<input type="checkbox"/>	29. ¿Has tenido mononucleosis infecciosa durante el último mes?	<input type="checkbox"/>	<input type="checkbox"/>
6. ¿Alguna vez te desmayaste o casi te desmayas MIENTRAS hacías ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	30. ¿Has tenido urticaria, escaras u otros problemas en la piel?	<input type="checkbox"/>	<input type="checkbox"/>
7. ¿Alguna vez te desmayaste o casi te desmayas DESPUÉS de hacer ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	31. ¿Has tenido una infección epitelial (de la piel) por herpes?	<input type="checkbox"/>	<input type="checkbox"/>
8. ¿Alguna vez has sentido malestar, dolor o presión en el pecho al hacer ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	32. ¿Alguna vez te has lesionado la cabeza o sufrido una conmoción cerebral?	<input type="checkbox"/>	<input type="checkbox"/>
9. ¿Tu corazón se acelera o sientes que se detiene al hacer ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>	33. ¿Alguna vez te han golpeado la cabeza y te sentiste confundido o perdiste la memoria?	<input type="checkbox"/>	<input type="checkbox"/>
10. ¿Te ha dicho el doctor alguna vez que tienes (marca con un círculo las que correspondan):	<input type="checkbox"/>	<input type="checkbox"/>	34. ¿Alguna vez tuviste convulsiones?	<input type="checkbox"/>	<input type="checkbox"/>
Hipertensión                      Soplo en el corazón			35. ¿Tienes dolor de cabeza cuando haces ejercicio?	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol Elevado            Infección en el corazón			36. ¿Alguna vez has sentido entumecimiento, cosquilleos o debilidad en los brazos o las piernas después de haber sido golpeado o de caer?	<input type="checkbox"/>	<input type="checkbox"/>
11. ¿Alguna vez un doctor te ha ordenado un examen para el corazón (por ejemplo, electrocardiograma (ECG) o ecocardiograma)?	<input type="checkbox"/>	<input type="checkbox"/>	37. ¿Alguna vez no pudiste mover las manos o las piernas después de haber sido golpeado o de caer?	<input type="checkbox"/>	<input type="checkbox"/>
12. ¿Alguien de tu familia ha fallecido sin ningún motivo aparente?	<input type="checkbox"/>	<input type="checkbox"/>	38. Al hacer ejercicio en el calor, ¿sufres de fuertes calambres o te enfermas?	<input type="checkbox"/>	<input type="checkbox"/>
13. ¿Alguien de tu familia tiene enfermedad del corazón?	<input type="checkbox"/>	<input type="checkbox"/>	39. ¿Algún doctor te ha dicho alguna vez que tú o alguien de tu familia sufren de anemia drepanocítica o anemia de células falciformes?	<input type="checkbox"/>	<input type="checkbox"/>
14. ¿Alguno de los miembros de tu familia o un pariente ha fallecido por problemas al corazón o ha fallecido súbitamente antes de los 50 años de edad?	<input type="checkbox"/>	<input type="checkbox"/>	40. ¿Alguna vez tuviste problemas con los ojos o la vista?	<input type="checkbox"/>	<input type="checkbox"/>
15. ¿Alguien de tu familia tiene síndrome de Marfan?	<input type="checkbox"/>	<input type="checkbox"/>	41. ¿Usas anteojos o lentes de contacto?	<input type="checkbox"/>	<input type="checkbox"/>
16. ¿Alguna vez has pasado una noche en un hospital?	<input type="checkbox"/>	<input type="checkbox"/>	42. ¿Usas anteojos protectores, como gafas o máscaras protectoras?	<input type="checkbox"/>	<input type="checkbox"/>
17. ¿Alguna vez te han operado?	<input type="checkbox"/>	<input type="checkbox"/>	43. ¿Estás contento(a) con tu peso?	<input type="checkbox"/>	<input type="checkbox"/>
18. ¿Alguna vez te has lesionado con un esguince, desgarro muscular o de ligamentos, o tendinitis, y tuviste que faltar a un entrenamiento o partido? Si contestas que sí, marca más abajo la zona afectada:	<input type="checkbox"/>	<input type="checkbox"/>	44. ¿Estás tratando de engordar o adelgazar?	<input type="checkbox"/>	<input type="checkbox"/>
19. ¿Alguna vez te has quebrado o fracturado algún hueso o dislocado una articulación? Si contestas que sí, marca más abajo:	<input type="checkbox"/>	<input type="checkbox"/>	45. ¿Alguien te ha recomendado que modifiques tu peso o tus hábitos alimenticios?	<input type="checkbox"/>	<input type="checkbox"/>
20. ¿Alguna vez has sufrido una lesión a los huesos o articulaciones que requirieran radiografía, imagen por resonancia magnética (MRI), tomografía computada (CT), operación, inyecciones, rehabilitación, terapia física, aparatos ortopédicos, yeso o muletas? Si contestas que sí, marca más	<input type="checkbox"/>	<input type="checkbox"/>	46. ¿Te limitas o controlas con cuidado lo que comes?	<input type="checkbox"/>	<input type="checkbox"/>
Cabeza Cuello Hombro Parte superior del brazo Codo Pecho Manos/Dedos Antebrazo			47. ¿Tienes alguna inquietud que desearas discutir con un doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Tobillo Pie/Dedos de los pies Parte superior de la espalda Cintura Cadera Muslo Rodilla Pantorrilla/Espinilla			<b>SÓLO PARA MUJERES</b>		
21. ¿Alguna vez sufriste una fractura por sobrecarga?	<input type="checkbox"/>	<input type="checkbox"/>	48. ¿Alguna vez has tenido un periodo menstrual?	<input type="checkbox"/>	<input type="checkbox"/>
22. ¿Alguna vez te han dicho que tienes o te has realizado una radiografía por inestabilidad atlantoaxial (cuello)?	<input type="checkbox"/>	<input type="checkbox"/>	49. ¿Cuántos años tenías cuando tuviste tu primer periodo menstrual?	_____	_____
23. ¿Usas regularmente un aparato ortopédico o un dispositivo auxiliar?	<input type="checkbox"/>	<input type="checkbox"/>	50. ¿Cuántos periodos has tenido en los últimos 12 meses?	_____	_____
24. ¿Alguna vez te ha dicho algún doctor que tienes asma o alergia?	<input type="checkbox"/>	<input type="checkbox"/>			

*Explica aquí tus respuestas "Sí": (Agrega hojas adicionales si es necesario)*

*Yo por la presente declaro que, según mi leal saber y entender, mis respuestas a las preguntas anteriores son correctas y están completas.*

Firma: \_\_\_\_\_  
(Atleta)

Firma: \_\_\_\_\_  
(Padre, madre o tutor)

Fecha: \_\_\_\_\_

# Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

Appendix A

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ %BMI (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_, ( \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ )  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

**EMERGENCY INFORMATION**  
 Allergies: \_\_\_\_\_  
 Other Information: \_\_\_\_\_

MEDICAL	Normal	Abnormal Findings
Appearance ● Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat ● Pupils equal ● Hearing		
Lymph Nodes		
Heart <sup>1</sup> ● Murmurs (auscultation standing, supine, +/- Valsalva) ● Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) <sup>2</sup>		
Skin ● HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>3</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional ● Duck walk, single leg hop		

<sup>1</sup> Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

<sup>2</sup> Consider GU exam if in private setting. Having 3rd party present is recommended.

<sup>3</sup> Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.

## Clearance

Cleared for all sports without restriction  
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for: \_\_\_\_\_  
 Not cleared  
 Pending further evaluation  
 For any sports  
 For certain sports \_\_\_\_\_

Reason/Recommendations \_\_\_\_\_

I have evaluated the above named student and completed the pre-participation physical evaluation. The athlete does not present apparent contraindications to practice, tryout 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 parent. 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).

Name of Physician/ Provider: (print/ type/ stamp) \_\_\_\_\_ (MD, DO, NP or PA) Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician/ Provider: \_\_\_\_\_

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, 2010.

Medical Conditions and Sports Participation

Condition	May Participate
Atlantoaxial instability (instability of the joint between cervical vertebrae 1 and 2) Explanation: Athlete (particularly if he or she has Down syndrome or juvenile rheumatoid arthritis with cervical involvement) needs evaluation to assess the risk of spinal cord injury during sports participation, especially when using a trampoline. <sup>4-7</sup>	Qualified yes
Bleeding disorder Explanation: Athlete needs evaluation. <sup>8,9</sup>	Qualified yes
Cardiovascular disease	
Carditis (inflammation of the heart) Explanation: Carditis may result in sudden death with exertion.	No
Hypertension (high blood pressure) Explanation: Those with hypertension >5 mm Hg above the 99th percentile for age, gender, and height should avoid heavy weightlifting and power lifting, bodybuilding, and high-static component sports (Fig 1). Those with sustained hypertension (>95th percentile for age, gender, and height) need evaluation. <sup>10-12</sup> The National High Blood Pressure Education Program Working Group report defined prehypertension and stage 1 and stage 2 hypertension in children and adolescents younger than 18 years of age. <sup>10</sup>	Qualified yes
Congenital heart disease (structural heart defects present at birth) Explanation: Consultation with a cardiologist is recommended. Those who have mild forms may participate fully in most cases; those who have moderate or severe forms or who have undergone surgery need evaluation. The 36th Bethesda Conference <sup>12</sup> defined mild, moderate, and severe disease for common cardiac lesions.	Qualified yes
Dysrhythmia (irregular heart rhythm) Long-QT syndrome Malignant ventricular arrhythmias Symptomatic Wolff-Parkinson-White syndrome Advanced heart block Family history of sudden death or previous sudden cardiac event Implantation of a cardioverter-defibrillator Explanation: Consultation with a cardiologist is advised. Those with symptoms (chest pain, syncope, near-syncope, dizziness, shortness of breath, or other symptoms of possible dysrhythmia) or evidence of mitral regurgitation on physical examination need evaluation. All others may participate fully. <sup>13-15</sup>	Qualified yes
Heart murmur Explanation: If the murmur is innocent (does not indicate heart disease), full participation is permitted. Otherwise, athlete needs evaluation (see structural heart disease, especially hypertrophic cardiomyopathy and mitral valve prolapse).	Qualified yes
Structural/acquired heart disease	
Hypertrophic cardiomyopathy	Qualified no
Coronary artery anomalies	Qualified no
Arrhythmogenic right ventricular cardiomyopathy	Qualified no
Acute rheumatic fever with carditis	Qualified no
Ehlers-Danlos syndrome, vascular form	Qualified no
Marfan syndrome	Qualified yes
Mitral valve prolapse	Qualified yes
Anthracycline use Explanation: Consultation with a cardiologist is recommended. The 36th Bethesda Conference provided detailed recommendations. <sup>12,13,15-18</sup> Most of these conditions carry a significant risk of sudden cardiac death associated with intense physical exercise. Hypertrophic cardiomyopathy requires thorough and repeated evaluations, because disease may change manifestations during later adolescence. <sup>12,13,17</sup> Marfan syndrome with an aortic aneurysm also can cause sudden death during intense physical exercise. <sup>18</sup> Athlete who has ever received chemotherapy with anthracyclines may be at increased risk of cardiac problems because of the cardiotoxic effects of the medications, and resistance training in this population should be approached with caution; strength training that avoids isometric contractions may be permitted. <sup>19,20</sup> Athlete needs evaluation.	Qualified yes
Vasculitis/vascular disease	Qualified yes
Kawasaki disease (coronary artery vasculitis) Pulmonary hypertension Explanation: Consultation with a cardiologist is recommended. Athlete needs individual evaluation to assess risk on the basis of disease activity, pathologic changes, and medical regimen. <sup>21</sup>	
Cerebral palsy Explanation: Athlete needs evaluation to assess functional capacity to perform sports-specific activity.	Qualified yes
Diabetes mellitus Explanation: All sports can be played with proper attention and appropriate adjustments to diet (particularly carbohydrate intake), blood glucose concentrations, hydration, and insulin therapy. Blood glucose concentrations should be monitored before exercise, every 30 min during continuous exercise, 15 min after completion of exercise, and at bedtime.	Yes
Diarrhea, infectious Explanation: Unless symptoms are mild and athlete is fully hydrated, no participation is permitted, because diarrhea may increase risk of dehydration and heat illness (see fever).	Qualified no
Eating disorders Explanation: Athlete with an eating disorder needs medical and psychiatric assessment before participation.	Qualified yes
Eyes	Qualified yes
Functionally 1-eyed athlete Loss of an eye Detached retina or family history of retinal detachment at young age High myopia Connective tissue disorder, such as Marfan or Stickler syndrome Previous intraocular eye surgery or serious eye injury	

## Medical Conditions and Sports Participation (continued)

Condition	May Participate
Explanation: A functionally 1-eyed athlete is defined as having best-corrected visual acuity worse than 20/40 in the poorer-seeing eye. Such an athlete would suffer significant disability if the better eye were seriously injured, as would an athlete with loss of an eye. Specifically, boxing and full-contact martial arts are not recommended for functionally 1-eyed athletes, because eye protection is impractical and/or not permitted. Some athletes who previously underwent intraocular eye surgery or had a serious eye injury may have increased risk of injury because of weakened eye tissue. Availability of eye guards approved by the American Society for Testing and Materials and other protective equipment may allow participation in most sports, but this must be judged on an individual basis. <sup>22,23</sup>	
Conjunctivitis, infectious Explanation: Athlete with active infectious conjunctivitis should be excluded from swimming.	Qualified no
Fever Explanation: Elevated core temperature may be indicative of a pathologic medical condition (infection or disease) that is often manifest by increased resting metabolism and heart rate. Accordingly, during athlete's usual exercise regimen, the presence of fever can result in greater heat storage, decreased heat tolerance, increased risk of heat illness, increased cardiopulmonary effort, reduced maximal exercise capacity, and increased risk of hypotension because of altered vascular tone and dehydration. On rare occasions, fever may accompany myocarditis or other conditions that may make usual exercise dangerous.	No
Gastrointestinal Malabsorption syndromes (celiac disease or cystic fibrosis) Explanation: Athlete needs individual assessment for general malnutrition or specific deficits resulting in coagulation or other defects; with appropriate treatment, these deficits can be treated adequately to permit normal activities. Short-bowel syndrome or other disorders requiring specialized nutritional support, including parenteral or enteral nutrition Explanation: Athlete needs individual assessment for collision, contact, or limited-contact sports. Presence of central or peripheral, indwelling, venous catheter may require special considerations for activities and emergency preparedness for unexpected trauma to the device(s).	Qualified yes
Heat illness, history of Explanation: Because of the likelihood of recurrence, athlete needs individual assessment to determine the presence of predisposing conditions and behaviors and to develop a prevention strategy that includes sufficient acclimatization (to the environment and to exercise intensity and duration), conditioning, hydration, and salt intake, as well as other effective measures to improve heat tolerance and to reduce heat injury risk (such as protective equipment and uniform configurations). <sup>24,25</sup>	Qualified yes
Hepatitis, infectious (primarily hepatitis C) Explanation: All athletes should receive hepatitis B vaccination before participation. Because of the apparent minimal risk to others, all sports may be played as athlete's state of health allows. For all athletes, skin lesions should be covered properly, and athletic personnel should use universal precautions when handling blood or body fluids with visible blood. <sup>26</sup>	Yes
HIV infection Explanation: Because of the apparent minimal risk to others, all sports may be played as athlete's state of health allows (especially if viral load is undetectable or very low). For all athletes, skin lesions should be covered properly, and athletic personnel should use universal precautions when handling blood or body fluids with visible blood. <sup>26</sup> However, certain sports (such as wrestling and boxing) may create a situation that favors viral transmission (likely bleeding plus skin breaks). If viral load is detectable, then athletes should be advised to avoid such high-contact sports.	Yes
Kidney, absence of one Explanation: Athlete needs individual assessment for contact, collision, and limited-contact sports. Protective equipment may reduce risk of injury to the remaining kidney sufficiently to allow participation in most sports, providing such equipment remains in place during activity. <sup>22</sup>	Qualified yes
Liver, enlarged Explanation: If the liver is acutely enlarged, then participation should be avoided because of risk of rupture. If the liver is chronically enlarged, then individual assessment is needed before collision, contact, or limited-contact sports are played. Patients with chronic liver disease may have changes in liver function that affect stamina, mental status, coagulation, or nutritional status.	Qualified yes
Malignant neoplasm Explanation: Athlete needs individual assessment. <sup>27</sup>	Qualified yes
Musculoskeletal disorders Explanation: Athlete needs individual assessment.	Qualified yes
Neurologic disorders History of serious head or spine trauma or abnormality, including craniotomy, epidural bleeding, subdural hematoma, intracerebral hemorrhage, second-impact syndrome, vascular malformation, and neck fracture. <sup>4,5,28-30</sup> Explanation: Athlete needs individual assessment for collision, contact, or limited-contact sports.	Qualified yes
History of simple concussion (mild traumatic brain injury), multiple simple concussions, and/or complex concussion Explanation: Athlete needs individual assessment. Research supports a conservative approach to concussion management, including no athletic participation while symptomatic or when deficits in judgment or cognition are detected, followed by graduated return to full activity. <sup>28-32</sup>	Qualified yes
Myopathies Explanation: Athlete needs individual assessment.	Qualified yes
Recurrent headaches Explanation: Athlete needs individual assessment. <sup>33</sup>	Yes
Recurrent plexopathy (burner or stinger) and cervical cord neuropraxia with persistent defects Explanation: Athlete needs individual assessment for collision, contact, or limited-contact sports; regaining normal strength is important benchmark for return to play. <sup>34,35</sup>	Qualified yes
Seizure disorder, well controlled Explanation: Risk of seizure during participation is minimal. <sup>36</sup>	Yes
Seizure disorder, poorly controlled Explanation: Athlete needs individual assessment for collision, contact, or limited-contact sports. The following noncontact sports should be avoided: archery, riflery, swimming, weightlifting, power lifting, strength training, and sports involving heights. In these sports, occurrence of a seizure during activity may pose a risk to self or others. <sup>36</sup>	Qualified yes

## Medical Conditions and Sports Participation (continued)

Condition	May Participate
Obesity Explanation: Because of the increased risk of heat illness and cardiovascular strain, obese athlete particularly needs careful acclimatization (to the environment and to exercise intensity and duration), sufficient hydration, and potential activity and recovery modifications during competition and training. <sup>37</sup>	Yes
Organ transplant recipient (and those taking immunosuppressive medications) Explanation: Athlete needs individual assessment for contact, collision, and limited-contact sports. In addition to potential risk of infections, some medications (eg, prednisone) may increase tendency for bruising.	Qualified yes
Ovary, absence of one Explanation: Risk of severe injury to remaining ovary is minimal.	Yes
Pregnancy/postpartum Explanation: Athlete needs individual assessment. As pregnancy progresses, modifications to usual exercise routines will become necessary. Activities with high risk of falling or abdominal trauma should be avoided. Scuba diving and activities posing risk of altitude sickness should also be avoided during pregnancy. After the birth, physiological and morphologic changes of pregnancy take 4 to 6 weeks to return to baseline. <sup>38,39</sup>	Qualified yes
Respiratory conditions	
Pulmonary compromise, including cystic fibrosis Explanation: Athlete needs individual assessment but, generally, all sports may be played if oxygenation remains satisfactory during graded exercise test. Athletes with cystic fibrosis need acclimatization and good hydration to reduce risk of heat illness.	Qualified yes
Asthma Explanation: With proper medication and education, only athletes with severe asthma need to modify their participation. For those using inhalers, recommend having a written action plan and using a peak flowmeter daily. <sup>40-43</sup> Athletes with asthma may encounter risks when scuba diving.	Yes
Acute upper respiratory infection Explanation: Upper respiratory obstruction may affect pulmonary function. Athlete needs individual assessment for all except mild disease (see fever).	Qualified yes
Rheumatologic diseases	Qualified yes
Juvenile rheumatoid arthritis Explanation: Athletes with systemic or polyarticular juvenile rheumatoid arthritis and history of cervical spine involvement need radiographs of vertebrae C1 and C2 to assess risk of spinal cord injury. Athletes with systemic or HLA-B27-associated arthritis require cardiovascular assessment for possible cardiac complications during exercise. For those with micrognathia (open bite and exposed teeth), mouth guards are helpful. If uveitis is present, risk of eye damage from trauma is increased; ophthalmologic assessment is recommended. If visually impaired, guidelines for functionally 1-eyed athletes should be followed. <sup>44</sup>	
Juvenile dermatomyositis, idiopathic myositis	
Systemic lupus erythematosus	
Raynaud phenomenon Explanation: Athlete with juvenile dermatomyositis or systemic lupus erythematosus with cardiac involvement requires cardiology assessment before participation. Athletes receiving systemic corticosteroid therapy are at higher risk of osteoporotic fractures and avascular necrosis, which should be assessed before clearance; those receiving immunosuppressive medications are at higher risk of serious infection. Sports activities should be avoided when myositis is active. Rhabdomyolysis during intensive exercise may cause renal injury in athletes with idiopathic myositis and other myopathies. Because of photosensitivity with juvenile dermatomyositis and systemic lupus erythematosus, sun protection is necessary during outdoor activities. With Raynaud phenomenon, exposure to the cold presents risk to hands and feet. <sup>45-48</sup>	
Sickle cell disease Explanation: Athlete needs individual assessment. In general, if illness status permits, all sports may be played; however, any sport or activity that entails overexertion, overheating, dehydration, or chilling should be avoided. Participation at high altitude, especially when not acclimatized, also poses risk of sickle cell crisis.	Qualified yes
Sickle cell trait Explanation: Athletes with sickle cell trait generally do not have increased risk of sudden death or other medical problems during athletic participation under normal environmental conditions. However, when high exertional activity is performed under extreme conditions of heat and humidity or increased altitude, such catastrophic complications have occurred rarely. <sup>8,49-52</sup> Athletes with sickle cell trait, like all athletes, should be progressively acclimatized to the environment and to the intensity and duration of activities and should be sufficiently hydrated to reduce the risk of exertional heat illness and/or rhabdomyolysis. <sup>25</sup> According to National Institutes of Health management guidelines, sickle cell trait is not a contraindication to participation in competitive athletics, and there is no requirement for screening before participation. <sup>53</sup> More research is needed to assess fully potential risks and benefits of screening athletes for sickle cell trait.	Yes
Skin infections, including herpes simplex, molluscum contagiosum, verrucae (warts), staphylococcal and streptococcal infections (furuncles [boils], carbuncles, impetigo, methicillin-resistant <i>Staphylococcus aureus</i> [cellulitis and/or abscesses]), scabies, and tinea Explanation: During contagious periods, participation in gymnastics or cheerleading with mats, martial arts, wrestling, or other collision, contact, or limited-contact sports is not allowed. <sup>54-57</sup>	Qualified yes
Spleen, enlarged Explanation: If the spleen is acutely enlarged, then participation should be avoided because of risk of rupture. If the spleen is chronically enlarged, then individual assessment is needed before collision, contact, or limited-contact sports are played.	Qualified yes
Testicle, undescended or absence of one Explanation: Certain sports may require a protective cup. <sup>22</sup>	Yes

This table is designed for use by medical and nonmedical personnel. "Needs evaluation" means that a physician with appropriate knowledge and experience should assess the safety of a given sport for an athlete with the listed medical condition. Unless otherwise noted, this need for special consideration is because of variability in the severity of the disease, the risk of injury for the specific sports listed in Table 1, or both.