

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: _____ Age: _____ Sex: _____

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.

Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had/been: 1. Little interest or pleasure in doing things; 2. Feeling down, depressed, or hopeless for more than 2 weeks in a row; 3. Feeling bad about himself/herself that they are a failure, or let their family down; 4. Thoughts that he/she would be better off dead or hurting themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: _____

If additional space is needed attach a separate sheet

By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone #: _____

Athlete's Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ (_____ % ile) / _____ (_____ % ile) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N

Physical Examination (Below Must Be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements -- Should be done if history indicates

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for : _____
- *** C. Medical Waiver Form must be attached (for the condition of: _____)
- D. Not cleared for: Collision Contact
- Non-contact _____ Strenuous _____ Moderately strenuous _____ Non-strenuous

Due to: _____

Additional Recommendations/Rehab Instructions: _____

Name of Physician/Extender: _____

Signature of Physician/Extender _____ MD DO PA NP
(Signature and circle of designated degree required)

Date of exam: _____
Address: _____

Phone _____

Physician Office Stamp:

(*** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)



Sports Medicine Program Consent for Medical Care and Treatment

I, _____, the parent/legal guardian of _____, a student at _____ (the "School") whose date of birth is _____, authorize Mission Health, Inc. and Mission Hospital ("Mission") and its staff to provide my child such healthcare or other services offered by the Mission Sports Medicine Program and, where appropriate, to make referrals for my child to receive additional health services that my child's condition may indicate. *In any such event, student athletes and their parents/legal guardians shall have the option to choose any medical provider as they and/or legal guardian may choose, as many options are available to student athletes. No student and/or his or her parents/guardians are required to utilize Mission for medical services.*

1. **Pre-Participation Physical.** I hereby give my consent/permission to Mission and participating, licensed medical providers to perform a pre-participation screening physical examination ("screening exam") for my child. I agree that this screening exam is only a limited, screening examination and does not take the place of a complete medical examination. I understand and agree that the medical provider who completes the screening exam shall not be responsible for any ongoing medical care or treatment for any medical condition or for injuries that occur after the screening exam. I represent, to the best of my knowledge, that my child has no known medical condition that would prevent participation in sports. I agree to follow up with my child's primary care provider in the event that any medical condition is identified in the screening exam.

2. **Injury and/or Emergency Treatment:** In the event that it becomes necessary, I agree that the Mission Team Physician or Athletic Trainer, as appropriate, may provide medical care and/or treatment to my child as provided herein for a sports-related injury. In addition, in the event my child needs urgent or emergency treatment, I authorize the staff of the School and/or Mission, where appropriate, to arrange for such care with appropriate providers, including appropriate transportation. In such instance, I authorize the School and/or Mission, where appropriate, to undertake any acts which may be necessary or proper to provide for the health care of the minor child named herein, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. By signing below, I indicate that I have the understanding and capacity to communicate health care decisions on behalf of the child named herein and that I understand the contents of this document. I understand that the School staff and/or the Mission staff, as appropriate, will contact me as soon as possible in the event my child has an urgent or emergency condition.



3. **Authorization to Disclose Protected Health Information.** I agree to complete all health history, family history, and other informational requests necessary for my child's participation in the School's athletic events and as required for medical care and treatment or other services provided by Mission. I understand that I may contact the Mission Athletic Trainer or the Team Physician assigned to the School or the Mission Medical Director to discuss my child's care or to discuss any questions that I may have about the program. *I consent to the release by Mission of information about my child's medical condition obtained through the Sports Medicine Program to the School's coaches and other employees or agents of the School. I also specifically consent to the sharing of my medical information among the Mission Sports Medicine staff (team physicians, if any, other medical staff/providers, athletic trainers, and any student assistants) and the School's athletic staff, teachers/coaches, and school administration.*

4. **Payment for Services Rendered.** I understand that I will not be charged by Mission for services rendered on-site by the Mission Athletic Trainer or other Mission Sports Medicine Staff assigned to the school but that I or my insurance carrier may be charged for services rendered by other healthcare providers for follow-up care or treatment.

5. **FERPA.** I understand that The Family Educational Rights and Privacy Act of 1974 provides certain privacy and protections relating to my child's educational records and information. I agree that such protected information relating to my child may be shared among the School's administration, athletic staff and student assistants, Mission, team physicians, and other medical providers.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE AND CONSENT TO MY CHILD'S PARTICIPATION IN THE MISSION SPORTS MEDICINE PROGRAM AND TO THE OTHER TERMS AND CONDITIONS CONTAINED HEREIN. I HEREBY CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED HEREIN.

Name of Parent/Legal Guardian (Please Print)

Name of Student (Please Print)

Signature of Parent/Legal Guardian

Relationship to Student

Date of Signature: _____

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automatic external defibrillator (AED).

How common is sudden death in young athletes?

Rare. About 100 such deaths are reported in the US per year. The chance of death occurring to any individual high school athlete is about 1 in 200,000/year. Sudden cardiac death is more common in males than females; in football and basketball than in other sports; and in African Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause of is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and the body. This is called ventricular fibrillation and is caused by one of several cardiovascular abnormalities and electrical diseases of the heart that may go unnoticed in healthy appearing athletes. The most common cause is hyper-trophic cardiomyopathy, which is a disease of the heart with abnormal thickening of the heart muscle which can cause rhythm problems and blockages to blood flow. This is a genetic disease that may run in families and gradually develop over many years. The second most common cause is congenital abnormalities of the coronary arteries in which the blood vessels supplying the heart are formed abnormally. Other causes include myocarditis (inflammation of the heart, usually due to a virus), dilated cardiomyopathy (enlargement of the heart, often for unknown reasons), long QT syndrome and other electrical abnormalities of the heart, and Marfan syndrome (an inherited disorder involving abnormalities of the heart valves and major arteries, often seen in unusually tall athletes).

Are there warning signs to watch for?

Yes, in more than 1/3 of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. These include:

- History of a heart murmur
- Chest pains, at rest or during exertion
- Fatigue or tiring more quickly than peers
- Dizziness or lightheadedness, especially during exertion
- Fainting, seizure, or convulsions during physical activity
- Being unable to keep up with friends due to shortness of breath (labored breathing)
- Fainting or seizures during emotional excitement, emotional distress, or being startled
- Palpitations—awareness of the heart beating unusually (skipping, irregular, or extra beats) during athletics or cool down periods after athletic participation
- Family history of sudden death during physical activity or during a seizure
- Family history of sudden, unexpected death before age 50
- Family history of cardiac or aortic disease under 50 years of age

When should a student athlete see a heart specialist?

If the primary care provider or school physician has concerns, referral to a pediatric cardiologist is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram (ECHO), which is an ultrasound of the heart to allow for direct visualization of the heart structure may also be done. Other possible tests include a treadmill exercise test and monitor to enable longer re-cording of heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. That is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. That is why screening evaluations and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

Student – Athlete & Parent/Legal Custodian Sudden Cardiac Death in Young Athlete Statement

**If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: _____

(This form must be completed for each student-athlete, even if there are multiple student-athletes in each household)

Parent/Legal Custodian Name(s): _____

We have read the *Student-athlete and Parent/Legal Custodian Sudden Cardiac Death in Young Athlete Information Sheet*. If true, please check box.

After reading the information sheet I am aware of the following information:

Student-athlete initials		Parent/Legal Custodian Initials
	Chest pain with exercise should be reported to my parents, my coaches, or a medical professional if one is available.	
	Dizziness, lightheadedness, or fainting with exercise or just after exercise should be reported to my parents, my coaches, or a medical professional if one is available.	
	Palpitations (skipping, irregular, or extra beats) during athletics or cool down periods after athletic participation should be reported to my parents, my coaches, or a medical professional if one is available.	
	A history of a murmur or other known cardiac abnormalities should be reported as part of the pre-participation sports physical.	
	A family history of sudden, unexpected death before age 50 or inheritable cardiac disease should be reported as part of the pre-participation sports physical.	
	I will/my child will need written permission to participate in athletics from a medical professional should warning signs be noted or abnormalities be noted on pre-participation sports physical.	
	I realize that further testing for cardiac disease may be necessary if warning signs are noted or abnormalities are noted on pre-participation sports physical.	

Signature of Student – Athlete

Date

Signature of Parent/Legal Guardian

Date