NCAAU TACKLE FOOTBALL AND CHEER

PHYSICAL FITNESS & MEDICAL HISTORY FORM
2022

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

Please note Section I and Section II of the Medical History and Physical Fitness form must be completed in its entirety. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. If Section II is not signed or dated participant will not be able to participate until signed accordingly.

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):
Last _____First_____Middle_____
Address:_____City:_____State:_____Zip:_____
Telephone No:_____ Date of Birth: _____ Male____ Female ____
Name of Primary Medical Insurance Company:_____ Policy Number: _____
Membership Number:_____ Name of Primary Insured: _____
Sport (check one): Cheer_____ Dance_____ Tackle_____ Flag_____

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed.	Yes	No	Unsure
1. Does the participant have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List:	☐	☐	☐
2. Is the participant presently taking any medications or pills?	☐	☐	☐
3. Does the participant have any allergies (medicine, bees or other stinging insects, latex)?	☐	☐	☐
4. Does the participant have the sickle cell trait?	☐	☐	☐
5. Has the participant ever had a head injury, been knocked out, or had a concussion?	☐	☐	☐
6. Has the participant ever had a heat injury (heat stroke) or severe muscle cramps with activities?	☐	☐	☐
7. Has the participant ever passed out or nearly passed out DURING exercise, emotion or startle?	☐	☐	☐
8. Has the participant ever fainted or passed out AFTER exercise?	☐	☐	☐
9. Has the participant had extreme fatigue (been really tired) with exercise (different from other children)?	☐	☐	☐
10. Has the participant ever had trouble breathing during exercise, or a cough with exercise?	☐	☐	☐
11. Has the participant ever been diagnosed with exercise-induced asthma?	☐	☐	☐
12. Has a doctor ever told the participant that they have high blood pressure?	☐	☐	☐
13. Has a doctor ever told the participant that they have a heart infection?	☐	☐	☐
14. Has a doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur?	☐	☐	☐
15. Has the participant ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	☐	☐	☐
16. Has the participant ever had a seizure or been diagnosed with an unexplained seizure problem?	☐	☐	☐
17. Has the participant ever had a stinger, burner or pinched nerve?	☐	☐	☐
18. Has the participant ever had any problems with their eyes or vision?	☐	☐	☐
19. Place a check beside each body part that the participant has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? ☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow ☐ Knee ☐ Chest ☐ Hip ☐ Forearm ☐ Shin/calf ☐ Back ☐ Wrist ☐ Ankle ☐ Hand ☐ Foot Other: _____			
20. Has the participant ever had an eating disorder, or are there concerns about his/her eating habits or weight?	☐	☐	☐
21. Has the participant ever been hospitalized or had surgery?	☐	☐	☐
22. Has the participant had a medical problem or injury since their last evaluation?	☐	☐	☐
FAMILY HISTORY			
24. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	☐	☐	☐
25. Has any family member had unexplained heart attacks, fainting or seizures?	☐	☐	☐
26. Does the athlete have a father, mother or brother with sickle cell disease?	☐	☐	☐

Explain "yes" or "unsure" answers here:_____

_____

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:_____Phone #: _____

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Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

Student-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:____(Please print)

Signature of Physician/Extender:____MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: ______________________________

Address: ______________________________________

____

Phone: __________________________________

Physician Office Stamp