



PRE-PARTICIPATION PHYSICAL EVALUATION

BLACK HAWK COLLEGE ATHLETICS

MEDICAL ELIGIBILITY FORM

Name: _____ Date of Birth: _____

- Medically eligible for all sports without restriction
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

 Medically eligible for certain sports

 Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

EMERGENCY INFORMATION

Allergies

Medications

Other Information

Emergency contacts



PRE-PARTICIPATION PHYSICAL EVALUATION

BLACK HAWK COLLEGE ATHLETICS

HISTORY FORM

Note: Complete and sign this form before your appointment.

Name: _____ Date of Birth _____

Date of Examination _____ Sport(s): _____

Gender? (M, F, Other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects). _____

GENERAL QUESTIONS

1. Do you have any concerns that you would like to discuss with your provider? Yes No
2. Has a provider ever denied or restricted your participation in sports for any reason? Yes No
3. Do you have any ongoing medical issues or recent illness? Yes No
4. Have you ever passed out or nearly passed out during or after exercise? Yes No
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise. Yes No
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? Yes No
7. Has a doctor ever told you that you have any heart problems? Yes No
8. Has a doctor ever requested a test for your heart?
For example, electrocardiography (ECG) or echocardiography. Yes No
9. Do you get light-headed or feel shorter of breath than your friends during exercise? Yes No
10. Have you ever had a seizure? Yes No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? Yes No



PRE-PARTICIPATION PHYSICAL EVALUATION

BLACK HAWK COLLEGE ATHLETICS

GENERAL QUESTIONS CONTINUED

12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), Long QT syndrome (LQTS), Short QT Syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia Yes No
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? Yes No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? Yes No
15. Do you have a bone, muscle, ligament, or joint injury that bothers you? Yes No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No
17. Are you missing a kidney, an eye, a testicle(males), your spleen, or any other organ? Yes No
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area? Yes No
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin resistant staphylococcus aureus (MRSA)? Yes No
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? Yes No
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? Yes No
22. Have you ever become ill while exercising in the heat? Yes No
23. Do you or does someone in your family have sickle cell trait or disease? Yes No
24. Have you ever had, or do you have any problems with your eyes or vision? Yes No
25. Do you worry about your weight? Yes No
26. Are you trying to or has anyone recommended that you gain or lose weight? Yes No
27. Are you on a special diet or do you avoid certain types of foods or food groups? Yes No
28. Have you ever had an eating disorder? Yes No
29. Have you ever had a menstrual period? Yes No



PRE-PARTICIPATION PHYSICAL EVALUATION

BLACK HAWK COLLEGE ATHLETICS

PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____

Examination

Height: _____ Weight: _____ BP: _____/_____/_____ (_____/_____) Pulse: _____

Vision: Right 20/_____ Left 20/_____ Corrected: Yes No

Medical

Appearance

- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse[MVP], and aortic insufficiency) Normal Abnormal

Eyes, ears, nose, and throat

- Pupils equal Normal Abnormal
- Hearing Normal Abnormal

Lymph nodes

Normal Abnormal

Heart

- Murmurs (auscultation standing, auscultation supine and Valsalva maneuver) Normal Abnormal

Lungs

Normal Abnormal

Abdomen

Normal Abnormal

Skin

- Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis Normal Abnormal

Neurological

Normal Abnormal

Musculo-skeletal

- Neck Normal Abnormal
- Back Normal Abnormal
- Shoulders and arms Normal Abnormal
- Elbows and forearms Normal Abnormal
- Wrists, hands and fingers Normal Abnormal
- Hips and thighs Normal Abnormal
- Knees Normal Abnormal
- Legs and ankles Normal Abnormal
- Feet and toes Normal Abnormal

Functionality

- Double leg squat test, single-leg squat test, and box drop or step drop test Normal Abnormal