



Legacy Christian School

67 - 68th St. S.W.
Grand Rapids, MI 49548
(616) 455-3860

**ATHLETE
PREPARTICIPATION
EXAMINATION**

TO BE COMPLETED BY PHYSICIAN/EXAMINER

NAME Last, First	TODAY'S DATE	TIME
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MEASUREMENTS			
HEIGHT	WEIGHT	VISUAL ACUITY R20/ L20/	LENSES Y [] N []
HEART RATE	INITIAL	POST EXERCISE	3 MINUTES POST EXERCISE
BLOOD PRESSURE	INITIAL	POST EXERCISE	3 MINUTES POST EXERCISE

PHYSICAL EXAMINATION			
AREAS CHECKED	NORMAL	ABNORMAL	EXPLAIN IF ABNORMAL
1. GENERAL MEDICAL			
EARS/HEARING			
EYES			
NOSE			
THROAT			
DENTITION			
NECK (thyroid, lymph glands)			
MARFAN HABITUS			
2. HEART RHYTHM (murmurs, etc.)			
3. LUNGS			
4. CHEST			
5. ABDOMEN (scars, tenderness, visceromegaly)			
6. FEMORAL PULSES			
7. GENITAL/TESTICULAR EXAM/HERNIA (Males only)			
8. SKIN			
9. NEUROLOGICAL			
10. POSTURE			
11. SPINE			
12. GAIT			
13. MUSCULOSKELETAL			
NECK			
BACK			
SHOULDER/ARM			
ELBOW/FOREARM			
WRIST/HAND			
HIP/THIGH			
KNEE			
LEG/ANKLE/FOOT			

COMMENTS/CLEARANCE		
GENERAL MEDICAL (findings/recommendations)	MUSCULOSKELETAL (findings/recommendations)	CLEARANCE* (see key)

CLEARANCE KEY (**SPECIFY: strenuous, moderately strenuous, mildly strenuous, non-strenuous)		
1A. No restrictions, cleared for FULL CONTACT sports.	2A. Clearance deferred pending INJURY REHAB.	
1B. Cleared for LIMITED CONTACT/IMPACT sports.	2B. Clearance deferred pending REFERRAL/CONSULT.	
1C. Cleared for NON-CONTACT sports.**	3A. DISQUALIFIED from competition.	

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activity NOT crossed out below:
BASEBALL BASKETBALL COMPETITIVE CHEER CROSS COUNTRY FOOTBALL GOLF GYMNASTICS ICE HOCKEY
SKIING SOCCER SOFTBALL SWIMMING TENNIS TRACK VOLLEYBALL WRESTLING OTHER:

SIGNATURE OF EXAMINER	PRINTED NAME	DATE
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ATHLETE PREPARTICIPATION EXAMINATION

TO BE COMPLETED BY PARENT/GUARDIAN OR OVER 18-YEAR OLD

NAME LAST, FIRST		TODAY'S DATE		TIME	
BIRTHDATE		AGE		SCHOOL	
GRADUATION YEAR		SPORTS			
MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>			
HOME ADDRESS		FATHER/GUARDIAN		PH (W)	
		MOTHER/GUARDIAN		PH (W)	
PH (H)		PH (CELL)		FAMILY INSURANCE	
PRIMARY DR.		PH		CONTRACT NUMBER	

SUBJECTIVE EVALUATION				
QUESTIONS:	YES	NO	EXPLAIN IF "YES"	
1. Have you had any prior LIMITATION placed on your SPORTS PARTICIPATION (<i>heart, injury,...</i>)?				
2. Have you had any ILLNESS/INJURY since your last sports physical or checkup?				
Do you have an ongoing chronic illness?				
Have you ever been HOSPITALIZED overnight?				
Have you had any surgeries?				
3. Are you presently taking any MEDICATION (<i>prescription, over-the-counter, inhalants</i>)?				
Have you ever taken vitamins/supplements for weight gain or performance improvement?				
4. Do you have ALLERGIES (<i>to medication, bees, etc...</i>)?				
Have you ever had a RASH or HIVES develop during or after exercise?				
5. Have you ever PASSED OUT during or after exercise?				
Have you ever been DIZZY during or after exercise?				
Have you ever had CHEST PAINS during or after exercise?				
Do your tire quicker than your friends during exercise?				
Have you been diagnosed with HIGH BLOOD PRESSURE or HIGH CHOLESTEROL?				
Have you ever been told you have a HEART MURMUR?				
Have you ever noticed any RACING OF YOUR HEART or IRREGULAR PULSE?				
Do you have a family history of HEART DISEASE?				
Have any of your family members died of heart problems or sudden death before turning 50?				
6. Do you COUGH, WHEEZE, or have TROUBLE BREATHING during or after exercise?				
Do you have SEASONAL ALLERGIES that require treatment?				
7. Have you ever had a HEAD INJURY or CONCUSSION?				
Have you ever been KNOCKED OUT or LOST YOUR MEMORY?				
Have you ever had a SEIZURE?				
Have you ever had a STINGER, BURNER or PINCHED NERVE (<i>numbness/tingling in hands/feet</i>)?				
8. Have you ever INJURED (<i>sprained, dislocated, fractured, etc.</i>) your: (<i>check POSITIVE, give details</i>)				
<input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee				
<input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Calf/Shin <input type="checkbox"/> Hip <input type="checkbox"/> Finger/Thumb <input type="checkbox"/> foot/Ankle				
9. Have you ever become ILL from exercising in the HEAT?				
10. Do you have any SKIN PROBLEMS (<i>itching, rashes, acne, warts, fungus</i>)?				
11. Have you ever HAD any of the following: (<i>check POSITIVE, give details</i>)				
<input type="checkbox"/> Hernia <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Tuberculosis				
<input type="checkbox"/> Hepatitis <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Scoliosis <input type="checkbox"/> Blurred Vision <input type="checkbox"/> Headaches <input type="checkbox"/> Absent Spleen				
<input type="checkbox"/> Absent Kidney <input type="checkbox"/> Absent Eye <input type="checkbox"/> Stomach Ulcers				
12. Do you wear GLASSES, protective eye wear or contact lenses?				
13. Do you use pads, braces or other protective or corrective equipment?				
14. Do you want to WEIGH MORE or LESS than you do now?				
Do you feel STRESSED OUT?				
15. Date of last VACCINE for	TETANUS	MEASLES	HEPATITIS B	CHICKEN POX
16. (<i>For Women</i>) When was your 1st menstrual period?	Most recent period?	How many periods have you had in the last year?		
How much time do you usually have from the start of one period to the start of another?		What was the longest time between periods?		

<p>I hereby state that, to the best of my knowledge, my answers above are complete & correct. My signature also indicates:</p> <p>1. My permission for the performance of the preparticipation evaluation. 2. Acceptance & compliance to district MHSAA guidelines.</p> <p>3. Consent to emergency medical care in the event school personnel are unable to contact me.</p>		
SIGNATURE OF ATHLETE	SIGNATURE OF PARENT/GUARDIAN	DATE