

**Cape Fear Academy
Athletic Participation Screening**

Athlete's Name _____ ss# _____

Student Address _____ Home Phone _____

City _____ State _____ Zip _____

Age _____ Date of Birth _____ Grade _____

Significant Allergies _____

Family Physician _____ Address _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Insurance Carrier _____ Policy Number _____

Emergency Contact _____ Phone _____

Dear Parent or Guardian:

The pre-preparation examination is a limited medical checkup to screen your child to see if he/she can safely participate in sports. The exam does screen for the common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit to your personal physician. Additionally, your child's regular health care, routine physical examinations and laboratory testing should continue to come from his/her personal physician.

PARENTS, PLEASE READ THIS PAGE CAREFULLY AND COMPLETE ALL INFORMATION ON THIS PAGE, YOU MUST SIGN THE PARENTAL PERMISSION STATEMENT AT THE END OF THIS PAGE.

I recognize that there is an inherent risk in all athletic events (head and spinal cord injuries, fractures, etc) and hereby give my permission to Cape Fear Academy for my son/daughter to participate in interscholastic athletics.

Permission is hereby granted to Cape Fear Academy and its authorized representatives to proceed with any needed medical or minor surgical treatment, e-ray examination, and immunization for the above-named individual. In the event of serious illness, the need for more major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious manner possible. If said physician is unable to communicate with me, the treatment necessary for the best interest in the above-named individual may be given. I hereby release Cape Fear Academy and members of its athletic staff, including, but not limited to, its coaches, trainers, administrators, and all others connected with school activities, and any attending physicians or surgeons, from any and all damages for injuries sustained by my son/daughter while participating in any sports activity connected with Cape Fear Academy, and do hereby agree to hold harmless any and all the above and all damages which they may suffer as a result of injuries sustained by my son/daughter while participating as above stated.

I HAVE ANSWERED ALL QUESTIONS ON THIS PAGE AND PAGE TWO, AND HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN SPORTS WITH CAPE FEAR ACADEMY SCHOOLS.

SIGNATURE OF PARENT OF GUARDIAN _____

DATE _____

SPORT PREPARTICIPATION HISTORY FORM

Patient's Name _____ Age _____

Please review all questions with your parent or guardian and answer them to the best knowledge

Yes	No	Don't Know	
			1. Has anyone in the athlete's family (grandmother, grandfather, mother, father, brother, sister) died suddenly before age 50 from heart disease or heart attack?
			2a. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?
			2b. Has the athlete ever been told he/she has a heart murmur or heart problems?
			3. Does the athlete have asthma (wheezing) hay fever, or coughing spells after exercise?
			4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?
			5. Does the athlete have a history of a concussion (getting knocked out)?
			6. Has the athlete ever suffered from a heat-related illness (heat stroke)?
			7. Does the athlete have anything he/she wants to talk to the doctor about
			8. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?
			9. Is the athlete allergic to any medication or bee stings?

			10. Does the athlete take any medication?.
			11. Is the athlete have only one of any paired organs? (eyes, ears, kidneys, testicles, ovaries, etc)?
			12. Does the athlete wear contacts or eye glasses?
			13. Date of last tetanus booster. . Date _____

Elaborate on any positive answers:

I have answered and reviewed the questions above and give my permission for my child to participate I sports.

Signature of parent or guardian _____

Date _____ phone _____

EXAMINATION

PATIENT'S NAME _____

1. Blood Pressure _____ Weight _____ Height _____ Vision(r) _____ (l) _____

2. Musculoskeletal Exam

	Normal	Abnormal	Record abnormalities
NECK			
KNEE			
ANKLE			
SHOULDER			
FEET			
SCHOLIOSIS/SPINE			
Other orthopedic problems			

3. CARDIOVASCULAR EXAM (Other exam optional, but should be done if history is positive)

	Normal	Abnormal	Record abnormalities
4. ENT			
5. CHEST			
6. ABDOMEN			
7. GENETALIA			
8. SKIN			

4. Assessment No Problems identified Other _____

5. Recommendations Unlimited Limited to specific sports Deferred until _____

6. Reexamine Yearly and after any injury that limits participation for greater than one week.
 Other

I certify that I have examined the above student and that such student examined revealed no conditions that would prevent this student from participation in interscholastic sports.

Licensed to practice medicine in North Carolina? Yes No

Signature _____ Phone Number _____ Date _____

Address _____

*If student did not qualify, list reasons for disqualification: _____
(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation. Diabetics, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic hearth disease, or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, testicle, or ovary, etc).*