



Clackamas Pediatric Clinic, 9290 SE Sunnybrook Blvd., #200, Clackamas, OR 97015-6777
 Oregon Pediatrics - N.E. Portland, 5050 NE Hoyt St., #B55, Portland, OR 97213-2944
 Oregon Pediatrics - Happy Valley, 16144 SE Happy Valley Town Ctr. Dr., #210, Happy Valley, OR 97086-4257
 Oregon Pediatrics - Meridian Park, 19260 SW 65th Ave., #275, Tualatin, OR 97062-5708

Sports Pre-Participation Exam Questionnaire

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

Athlete and Parent/Guardian: Please review all questions and answer them to the best of your ability. **Physician:** Please review with the athlete details of any positive answers.

Yes No Don't Know

- 1) Has anyone in the athlete's family died suddenly before the age of 50 years? _____
- 2) Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain? _____
- 3) Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise? _____
- 4) Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint? _____
- 5) Does the athlete have a history of concussions (getting knocked out) or seizures? _____
- 6) Has the athlete ever suffered a heat-related illness (heat stroke)? _____
- 7) Does the athlete have a chronic illness or see a physician regularly for any particular problem? _____
- 8) Does the athlete take any prescribed medicine, herbs or nutritional supplements? _____
- 9) Is the athlete allergic to any medications or bee stings? _____
- 10) Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc)? _____
- 11) Has the athlete ever had prior limitation from sports participation? _____
- 12) Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability? _____
- 13) Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension? _____
- 14) Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item if appropriate.) _____
- 15) Has the athlete ever been hospitalized overnight or had surgery? _____
- 16) Does the athlete lose weight regularly to meet the requirements for the sport they are playing in? _____
- 17) Does the athlete cough, wheeze, or have trouble breathing during or after activity? _____
- 18) Does the athlete have asthma? _____
- 19) FEMALES ONLY
 - a. When was your first menstrual period? _____
 - b. When was your most recent menstrual period? _____
 - c. What was the longest times between menstrual periods in the last year? _____
- 20) Does the athlete have anything he or she wants to discuss with the physician? _____

Parent/Guardian's Statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports/activities. I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic assessment. I hereby authorize release of the examination results to my child's school.

Signed: _____
 Parent/Guardian

Date: _____

As per ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1 (5) "Any physical examination required by this section shall be conducted by a (A) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."