# 2013-2014 CSD & ATHLETIC PRE-PARTICIPATION SCREENING EXAM

**CALIFORNIA SCHOOL FOR THE DEAF, FREMONT**
**39350 Gallaudet Drive – Fremont, CA 94538 – 510.794.3766 – Fax: 510.794.2422**

NAME

**ATHLETE INFORMATION** (to be completed by parent/guardian and student-athlete and by Physician on the back page)

Name (Last name first)_____Grade_____

Address_____

City_____ State_____ Zip_____ Home Phone (_____)_____(V)(TTY)(VP)

E-mail_____ Pager E-mail_____

Age_____ Sex: M F Sport(s)_____Birth Date_____

Doctor's Name_____ Doctor's Phone (_____)_____ Dr. Fax (_____)_____

Health Insurance Carrier & Policy Number_____

**HEALTH HISTORY (Must be completed prior to the examination)**

| | YES | NO | Has this student-athlete had any: |
|---|---|---|---|
| 1 | | | Chronic or recurrent Illness? |
| 2 | | | Illness lasting over 1 week? |
| 3 | | | Surgery other than removal of tonsils? |
| 4 | | | Missing organs (eye, kidney, testicle)? |
| 5 | | | Allergies (medicines, insect bites, food)? |
| 6 | | | Problems with heart or blood pressure? |
| 7 | | | Chest pain or severe shortness of breath with exercise? |
| 8 | | | Dizziness or fainting with exercise? |
| 9 | | | Concussion or loss of consciousness? |
| 10 | | | Heat exhaustion, heat stroke, or other problems with heat? |
| | | | **Does this student-athlete:** |
| 11 | | | Wear eye glasses or contact lenses? |
| 12 | | | Wear dental bridges, braces, or plates? |
| 13 | | | Take any medications? Please list them: |

| | YES | NO | Is there any history of: |
|---|---|---|---|
| 14 | | | Injuries requiring physician treatment? |
| 15 | | | Neck or back injury? |
| 16 | | | Knee injury? |
| 17 | | | Shoulder or elbow injury? |
| 18 | | | Ankle injury? |
| 19 | | | Other serious joint injury? |
| 20 | | | Broken bones? |
| 21 | | | Seizures? |
| 22 | | | Diabetes? |
| | | | **Further History:** |
| 23 | | | Is there any reason why this student-athlete should not participate in sports? |
| 24 | | | Has any family member died suddenly at less than 40 years of age of causes other than an accident? |
| 25 | | | Has any family member had a heart attack at less than 55 years of age? |

Medications:_____

Date of last known tetanus (lockjaw) shot:_____

Use this space to explain any 'YES' answer to the above history questions:

**Parent/Guardian & Student-Athlete Acknowledgment: (Parent/guardian required if student-athlete is under age of 18)**
I have reviewed and agree with the above information. I also understand that this examination is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student-athlete's primary physician. I know of no reason why the above named student-athlete should not participate and represent his or her school in supervised athletic activities.

Print name (Parent/Guardian) Signature Date

Print name (Student-Athlete) Signature Date

UPDATED 4/06 – LAT – B.S., ATC, EMT.

## GENERAL EXAMINATION (To be filled out by the examining physician)

| | Normal | Abnormal (describe) |
|---|---|---|
| Eyes, Ears, Nose, Throat | | |
| Skin | | |
| Lungs | | |
| Heart | | |
| Abdomen | | |
| Genitalia / Hernia (males) | | |

| | | |
|---|---|---|
| Pulse | | |
| Blood Pressure | / | |
| Height | | |
| Weight | | |
| Visual Acuity | | |
| R | /20 | /20 |
| L | /20 | /20 |
| | | w/ glasses |

### SUGGESTED MUSCULOSKELETAL EXAM

| | | NL | AB |
|---|---|---|---|
| | **MOTION/STRENGTH** | | |
| | Flexion | | |
| **N** | Extension | | |
| **E** | Rotation left | | |
| **C** | Rotation right | | |
| **K** | Lateral flexion left | | |
| | Lateral flexion right | | |
| | **MOTION/STRENGTH** | | |
| **S** | Forward flexion | | |
| **H** | Abduction | | |
| **O** | Extension | | |
| **U** | Internal rotation | | |
| **L** | External rotation | | |
| **D** | Horizontal adduction | | |
| **E** | STABILITY | | |
| **R** | A-C JOINT | | |
| | **MOTION/STRENGTH** | | |
| **E** | Biceps extension | | |
| **L** | Triceps extension | | |
| **B** | Supination | | |
| **O** | Pronation | | |
| **W** | | | |
| | **GENERAL FLEXIBILITY** | | |
| | Hamstrings | | |
| | Lumbar spine | | |
| | Adductors (groin) | | |
| | Achilles | | |
| | Quadriceps | | |
| | WRIST/HAND | | |

| | | NL | AB | Describe Any Abnormal Findings: |
|---|---|---|---|---|
| | **KNEE JOINT** | | | |
| **K** | Effusion | | | |
| **N** | Tenderness | | | |
| **E** | QUADRICEPS | | | |
| **E** | Size | | | |
| | Defects | | | |
| **&** | Patella | | | |
| | Tenderness | | | |
| **S** | Crepitus | | | |
| **U** | Abnormal tracking | | | |
| **R** | Subluxable | | | |
| **R** | PATELLAR TENDON | | | |
| **O** | TIBIAL TUBERCLE | | | |
| **U** | LIGAMENTS | | | |
| **N** | Medial collateral | | | |
| **D** | Lateral collateral | | | |
| **I** | Anterior cruciate | | | |
| **N** | Posterior cruciate | | | |
| **G** | CARTILAGE TESTING | | | |
| **A** | **STRENGTH** | | | |
| **R** | Hip flexors | | | |
| **E** | Hamstrings | | | |
| **A** | | | | |
| **S** | | | | |
| | **MOTION/STRENGTH** | | | |
| **A** | Plantarflexion | | | |
| **N** | Dorsiflexion | | | |
| **K** | Inversion | | | |
| **L** | Eversion | | | |
| **E** | LIGAMENTS | | | |
| | SPINE/SCOLIOSIS | | | |
| | FEET | | | |

**ORTHOPEDIC EVALUATION**

- ☐ Approved
- ☐ Not Approved

Orthopedist / Physician Signature

**RECOMMENDATIONS:**

- ☐ Unlimited participation
- ☐ Clearance withheld pending further evaluation
- ☐ Participation limited to specific sports
- ☐ No athletic participation

COMMENTS:

**Examiner's Name (Printed)** **Signature of Examiner** **Date**