



PRE-PARTICIPATION PHYSICAL EVALUATION



Name _____ Grade _____

Sport(s)/Position(s) _____

Physician _____ Phone() _____

**IN CASE OF EMERGENCY, CONTACT: Name _____ Relationship _____

Phone(H)() _____ (W)() _____ (C)() _____

HISTORY

**EXPLAIN "YES" ANSWERS IN THE SPACE PROVIDED AT THE END OF THIS DOCUMENT

	<u>YES</u>	<u>NO</u>
1. HAS A PHYSICIAN EVER DENIED OR LIMITED YOUR PARTICIPATION IN SPORTS FOR ANY REASON?	_____	_____
2. DO YOU HAVE AN ONGOING MEDICAL CONDITION (LIKE DIABETES OR ASTHMA)?	_____	_____
3. ARE YOU CURRENTLY TAKING ANY PERSCRIPTION OR NON-PERSCRIPTION (OVER-THE-COUNTER) MEDICINES OR PILLS?	_____	_____
4. HAVE YOU EVER PASSED OUT OR NEARLY PASSED OUT DURING <u>OR</u> AFTER EXERCISE?	_____	_____
5. HAVE YOU EVER HAD DISCOMFORT, PAIN, OR PRESSURE IN YOUR CHEST DURING EXERCISE?	_____	_____
6. DOES YOUR HEART RACE OR SKIP BEATS DURING EXERCISE?	_____	_____
7. HAS A PHYSICIAN EVER TOLD YOU THAT YOU HAVE? (CHECK ALL THAT APPLY):		
<input type="checkbox"/> HIGH BLOOD PRESSURE		
<input type="checkbox"/> A HEART MURMUR		
<input type="checkbox"/> HIGH CHOLESTEROL		
<input type="checkbox"/> A HEART INFECTION		
8. HAS A PHYSICIAN EVER ORDERED A TEST FOR YOUR HEART (LIKE AN ECG OR AN ECHOCARDIOGRAM)?	_____	_____
9. HAS ANYONE IN YOUR FAMILY DIED FOR NO APPARENT REASON OR OF SUDDEN DEATH BEFORE AGE 50?	_____	_____
10. DOES ANYONE IN YOUR FAMILY HAVE A HEART PROBLEM OR HAS ANYONE IN YOUR FAMILY OR RELATIVE EVER DIED OF HEART PROBLEMS?	_____	_____
11. DOES ANYONE IN YOUR FAMILY HAVE MARFAN SYNDROME?	_____	_____
12. HAVE YOU EVER HAD A SURGERY?	_____	_____
13. HAVE YOU EVER HAD A STRESS FRACTURE?	_____	_____
14. HAVE YOU EVER BEEN TOLD THAT YOU HAVE OR HAVE YOU HAD AN X-RAY FOR ATLANTOAXIAL (NECK) INSTABILITY OR ANY OTHER STRUCTURAL NECK PROBLEM?	_____	_____
15. DO YOU REGULARLY USE A BRACE OR ASSISTIVE DEVICE?	_____	_____
16. DO YOU COUGH, WHEEZE, OR HAVE DIFFICULTY BREATHING DURING OR AFTER EXERCISE OR HAS A PHYSICIAN TOLD YOU THAT YOU HAVE "REACTIVE AIRWAYS"?	_____	_____
17. WERE YOU BORN WITHOUT OR ARE YOU MISSING ANY ORGAN?	_____	_____
18. HAVE YOU HAD INFECTIOUS MONONUCLEIOSIS (MONO) WITHIN THE LAST MONTH?	_____	_____
19. DO YOU HAVE ANY RASHES, PRESSURE SORES, OR ANY OTHER SKIN CONDITIONS?	_____	_____
20. HAVE YOU HAD A HERPES SKIN INFECTION?	_____	_____
21. HAVE YOU EVER HAD A HEAD INJURY OR CONCUSSION?	_____	_____
22. HAVE YOU BEEN HIT IN THE HEAD AND BEEN CONFUSED OR LOST YOUR MEMORY?	_____	_____
23. HAVE YOU EVER HAD A SEIZURE OR ARE YOU CURRENTLY TAKIN ANTI-SEIZURE MEDICATION?	_____	_____
24. DO YOU EXPERIENCE HEADACHES WITH EXERCISE?	_____	_____
25. HAVE YOU EVER HAD NUMBNESS, TINGLING, OR WEAKNESS IN YOUR ARMS OR LEGS AFTER BEING HIT OR FALLING?	_____	_____
26. HAVE YOU EVER BEEN UNABLE TO MOVE YOUR ARMS OR LEGS AFTER BEING HIT OR FALLING?	_____	_____

PAST MUSCULOSKELETAL INJURY HISTORY

Please list any and all injuries/issues experienced at, or around, each of the following areas. "Injuries/issues" can be as major as breaks, fractures, strains, and sprains, or as minor as soreness, tightness, nagging pain(s), and discomfort before, during, or after any athletic-related activity. Please be as thorough as possible in your explanation if an explanation is warranted.

NECK: _____

BACK: _____

SHOULDER(S): _____

ELBOW(S)/FOREARM(S): _____

WRIST(S)/HAND(S)/FINGER(S): _____

HIP(S)/THIGH(S): _____

KNEE(S): _____

LEG(S)/ANKLE(S): _____

FOOT/TOES: _____

**PINNACLE SPORTS, LLC
HIPAA AUTHORIZATION**

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, as amended from time to time (“HIPAA”). This authorization affects you and/or your child’s rights in the privacy of you and/or your child’s protected health information. Please read it carefully before signing. Upon request, Pinnacle Sports, LLC will provide you a copy of this signed authorization.

By signing this authorization, you hereby authorize and permit, on behalf of you and your child, Pinnacle Sports to use and disclose you and/or your child’s protected health information, as listed on you and/or your child’s registration forms, to employees of Pinnacle Sports, LLC and its agents and representatives and any administrators, coaches and supervisors of any leagues or activities operated at or from the Pinnacle Sports Complex. Such disclosure is limited for purposes of providing for the safety and care of participants of leagues or other activities operated at or from the Pinnacle Sports Complex, including you and/or your child. In addition, you hereby authorize Pinnacle Sports, LLC to obtain and collect personal information from your child if voluntarily offered by your child.

Any information used or disclosed under this authorization could be at risk for re-disclosure by the recipient and no longer protected under HIPAA. You acknowledge that you have been provided a copy of and have read and understand Pinnacle Sports Privacy Policy and Pinnacle Sports HIPAA Notice of Privacy Policy. Copies of such Privacy Policy and HIPAA Notice, as amended, are available from Pinnacle Sports at your request. Subject to certain restrictions imposed by HIPAA, you may inspect or copy your protected health information in the designated record set maintained by Pinnacle Sports for as long as it is maintained in the designated record set.

You have the right to revoke this authorization, in writing, at any time, except to the extent that Pinnacle Sports, LLC has taken action in reliance on it. A revocation is effective upon receipt by the privacy officer of Pinnacle Sports, LLC at our address of a written request to revoke and a copy of the executed authorization form to be revoked.

This authorization shall expire upon the earlier occurrence of: (a) revocation of the authorization, (b) a finding by the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights that this authorization is not in compliance with HIPAA, (c) complete satisfaction of the purposes for which this authorization was originally obtained, to be determined in the reasonable discretion of Pinnacle Sports, LLC, or (d) six years from the date this authorization was executed.

Acknowledged and agreed to by:

Signature of Patient or Personal Representative

Nature of Relationship or Authority

Print Name of Patient & Personal Representative

Date

Address: _____

