

HSA Pre-participation Examination | IESA |



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Address Age Cless Student ID No.	To be completed by athlete or parent prior to examination.					
Abdress	Name			School Year		
Phone No			Mi			
Address	Address			City/State		
Address	Phone No Birthdate			Age Class Student ID No.		
Address	Parent's Name			Phone No.		
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking Do you have any allergies? Ver No If yes, please identify specific allergy below.	·					
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MEDICAL QUISTIONS No.			•-	☐ Food ☐ Stinging Insects		
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25. Do you have any history of juvenile arthritis or connective tissue disease?						
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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.	, , , , ,					
	I hereby state that, to the best of my knowledge, my answers to the abov	e questi	ions are	complete and correct.		



Pre-participation Examination



PHYSICAL EXAMINATION FORM	Name							
	Last		First	Middle				
EXAMINATION								
	Male	1.20/	C					
BP / (/) Pulse MEDICAL	Vision R 20/	L 20/	Corrected Y	□N				
Appearance		NORMAL	ABNORMAL FINDINGS					
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excava)	tum							
arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic	•							
Eyes/ears/nose/throat	insumciency)							
Pupils equal								
Hearing								
Lymph nodes								
Heart ^a								
Murmurs (auscultation standing, supine, +/- Valsalva)								
Location of point of maximal impulse (PMI)								
Pulses								
Simultaneous femoral and radial pulses								
Lungs								
Abdomen								
Genitourinary (males only) ^b								
Skin								
HSV, lesions suggestive of MRSA, tinea corporis								
Neurologic ^c								
MUSCULOSKELETAL								
Neck								
Back								
Shoulder/arm								
Elbow/forearm								
Wrist/hand/fingers								
Hip/thigh								
Knee								
Leg/Ankle								
Foot/toes								
Functional								
Duck-walk, single leg hop								
aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. aConsider GU exam if in private setting. Having third party present is recommended. aConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.								
On the basis of the examination on this day, I approve this child's partic	ination in interesholactic	sports for 20E	days from this data					
On the basis of the examination on this day, rapprove this child's partic	pation in interscripiastic	sports for 393 i	days from this date.					
Yes No Limit	ed	ı	Examination Date					
110			- Jacon Bate					
Additional Comments:								
Physician's Signature		Physician's	Name					
Physician's Assistant Signature*		PA's Name						
Advanced Nurse Practitioner's Signature*		ANP's Name	2					

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.