

California School for the Deaf 3044 Horace Street Riverside, CA 92506

PRE - PARTICIPATION SPORTS SCREENING

| 1. Do you have any ongoing medical conditions? Image: interminal conditions? Image: interminal conditions? Asthma interminal conditions? Image: interminal conditions? Image: interminal conditions? Image: interminal conditions? Asthma interminal conditions? Image: interminal conditions? Image: interminal conditions? Image: interminal conditions? Image: interminal conditions? Asthma interminal conditions? Image: interminal conditity interminal conditions? Image: intermin | Grade Sports | | |
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| Height | | | |
| Medical History Questionnaire - This section must be completed before your examination. Include dates/age of any problems and examples of any borken, dislocated or repeated swelling or pain of any borken, dislocated or repeated swelling or pain of any borken, dislocated or repeated swelling or pain of any borken or game? 1 Do you have any opoing medical conditions? Image: Paint Pain | Personal Physician Physician's Phone | | |
| "Yes" answers in the space below the questions. YES NO 1. Do you have any ongoing medical conditions? Image: Strength 1 Have you ever spent the night in a hospital? Image: Strength 2 2. Have you ever spent the night in a hospital? Image: Strength 2 Image: Strength 2 Image: Strength 2 3. Have you ever spent the night in a hospital? Image: Strength 2 Image: Strength 2 Image: Strength 2 3. Have you ever spent the night in a hospital? Image: Strength 2 Image: Strength 2 Image: Strength 2 3. Have you ever spent the night in a hospital? Image: Strength 2 Image: Strength 2 Image: Strength 2 4. Are you corrength sking any medications or pills? Image: Strength 2 Image: Strength 2 Image: Strength 2 5. Do you have any ellegites (medicine, bee stings, etc.)? Image: Strength 2 Image: Strength 2 Image: Strength 2 6. Have you ever had do strength 2 Image: Strength 2 Image: Strength 2 Image: Strength 2 Image: Strength 2 7. Have you ever had do strength 2 Have you ever had do strength 2 Image: Strength 2 Image: Strength 2 Image: Strength 2 8. Have you ever had not strength 2 Image: Strength 2 Image: Strength 2 Image: Strength 2 Image: Strength 2 <td></td> <td></td> <td></td> | | | |
| 1. Do you have any ongoing medical conditions? Image: the im | e - This section must be completed before your examination. Include dates/age of any problems and | d explain . | ALL |
| 1. Do you have any ongoing medical conditions? Image: the second sec | below the questions. | YES | NO |
| 2. Have you ever spent the night in a hospital? 20. Are any joints CURRENTLY bothering you? 3. Have you ever had surgery? Development of the start of the sta | dical conditions? Image: Description of any bones or joints that abetes 19. Have you ever had a sprained, broken, dislocated or repeated swelling or pain of any bones or joints that | | |
| 4. Are you currently taking any medications or pills? | t in a hospital? | | |
| 5. Do you have any allergies (medicine, bes stings, etc.)? 21. Do you use any special equipment (splints, neck rolls, mouth guards)? 6. Have you ever had chest pains DURING or AFTER exercise? 22. Have you ever had a stinger, burner or pinched nerve? 7. Have you ever had chest pains DURING or AFTER exercise? 23. Have you ever had a stinger, burner or pinched nerve? 8. Have you ever had chest pains DURING or AFTER exercise? 23. Have you ever had a stinger, burner or pinched nerve? 9. Have you ever had the blood pressure? 23. Have you ever had a stinger, burner or pinched nerve? 11. Have you ever had the blood pressure? 24. Have you ever bad and pince or skip beats (irregular beats) 12. Do you pain paint meber died of heart problems or had an unexplained sudden death BEFORE age 50? When and why? 12. Do you ever had a seizure? 26. When way your lest tetanus vaccine? 13. Have you ever had a seizure? 27. Have you ever had a seizure? 28. 14. Have you ever had a seizure? 28. How would were you when you had your first menstrual period? 14. Have you ever had a seizure? 28. How would were you when you had your first menstrual period? 16. </td <td></td> <td></td> <td></td> | | | |
| 6. Have you ever passed out or nearly passed out | | | _ |
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| Blood Pressure HEENT Skin Heart Lungs Musculoskeletal Flexibility NORMAL Image: Constraint of the state of t | kidney, testicle, etc.)? question number and indicate date/age for each item (Example: #3: Right arm fracture in 2015): best of my/our knowledge, the answers to the above questions are correct. I/We understand that b | by perform | ming |
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| while this does not consider a complete physical examination for replace the need for periodic heath evaluations by a family physical, this individual appears physically capable of participation in interscholastic sports as of this date, except as indicated below. Cleared for sports without restrictions: | kidney, testicle, etc.)? question number and indicate date/age for each item (Example: #3: Right arm fracture in 2015): best of my/our knowledge, the answers to the above questions are correct. I/We understand that be igned physician does not assume responsibility for the medical care of this Individual. Date (if athlete is under 18) Date | | |

Concussion. Further evaluation required before athletic participation permitted.

□ Other: ____ Physician's Name: _