

Physical Exam Checklist

Sports Physicals

Forms Please complete the "Preparticipation Physical Evaluation" form prior to your appointment. It is required that this form be completed and signed by Parent (or Guardian) and the child before the child is seen by the Provider.

Immunizations If your child has had any immunizations other than in our office, please bring a complete record of those immunizations with you.

Meningococcal (MenQuadfi) vaccine is given to prevent specific types of meningitis prevalent in dormitory or communal settings. This vaccine is recommended at age 11-12 years with a booster dose at age 16 years.

Meningococcal Group B (Bexsero) vaccine given in addition to MenQuadfi to prevent against additional types of meningitis prevalent in dormitory or communal settings. This vaccine is recommended at age 16-18 years with a 2nd dose after 6 month.

HPV (Gardasil) Human Papillomavirus. HPV can cause certain HPV-related cancers in your son or daughter. This vaccine is a type of cancer prevention. This vaccine is for both boys and girls at age 11 or 12. The CDC recommends HPV vaccination be completed before turning 13. It can also be given as early as age 9. This is a 2-3 shot series depending on the age initial dose given.

For inquiry of Vaccine and Administration fees please call our office.

If you have questions regarding your child's vaccine needs, please ask your physician.

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- ☐ Medically eligible for certain sports

- ☐ Not medically eligible pending further evaluation

- ☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: 1021 West 14th Street Hastings, NE 68901 Phone: 402-463-2423

Signature of health care professional: _____, MD, DO, NP, or PA

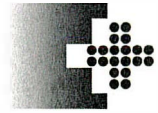
SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



Family Medical Center of Hastings

1021 West 14th Street
P. O. Box 968
Hastings, Nebraska 68902-0968
Appointments (402) 463-2423
Business (402) 462-8456
Fax (833) 450-5895

PHQ-9 PATIENT HEALTH QUESTIONNAIRE

Name _____

Date of Birth _____

Doctor _____

Date _____

Over the <u>last two weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly Every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
FOR OFFICE CODING <u>0</u> + _____ + _____ + _____ = TOTAL SCORE: _____				

If you checked off ANY problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all
☐

Somewhat
difficult
☐

Very
difficult
☐

Extremely
difficult
☐

____ Positive Screening acknowledged and addressed

Five-Two-One-Almost None

Nemours Health and Prevention Services is committed to helping people understand the causes and implications of being at an unhealthy weight. *5-2-1-Almost None* is our way to promote a healthier lifestyle for children and families. It's as simple as following these suggestions and tips for healthier eating and physical activity:



FRUITS AND VEGETABLES

Five stands for five or more servings of fruits and vegetables per day. Fruits and vegetables are packed with disease-fighting nutrients and give you energy, naturally.

- Serve at least one fruit or vegetable at every meal and snack. Try all the different colors.
- Dip veggies in low fat dressing. Tuck them in whole wheat pitas. Toss some on your pizza.
- Try and try again. It may take children several tastings (10 or more) before they begin to enjoy certain foods.



HOURS OF SCREEN TIME

Two stands for no more than two hours per day in front of a screen (TV, video games, and recreational computer time). A number of studies show a correlation between watching television and obesity.

- Be a role model — limit your own screen time. Play, take a walk, or cook with your kids instead.
- Keep the TV in a central location and out of your child's bedroom
- Turn off the TV during dinner and take time to talk about your day



HOURLY OF PHYSICAL ACTIVITY

One means at least one hour of physical activity per day. Physical activity, especially when it gets the heart pumping faster, is vital to maintaining a healthy weight and overall good health. Kids who are raised in active families tend to stay active as adults.

- Plan one physical activity for the family each weekend. Let each child take turns choosing the activity.
- There are lots of ways to be active — walking, dancing, gardening, and raking leaves can all get your heart pumping.
- 10 minutes here, 10 minutes there — and before you know it, you've been moving your body for an hour.



SUGAR DRINKS

Almost none refers to almost no sugary beverages—no more than two servings per week of soft drinks, sports drinks, and fruit drinks that are not 100% fruit juice. Over the last few decades, soda consumption has doubled for girls, tripled for boys.

- Choose water. Add a lemon or lime wedge or a splash of juice for flavor.
- Drink water, milk, and juice yourself. Your children learn by watching you.
- Avoid bringing sodas and sports drinks home. If it's there, the kids will drink it.

About NHPS

Nemours Health and Prevention Services (NHPS), a non-profit organization based in Newark, Delaware, works with families and community partners to help children grow up healthy. Our goal is to drive long-term changes in policies and practices that promote child health and to leverage community strengths and resources to have the greatest impact on the most children. One of our initial areas of emphasis is childhood obesity prevention through promotion of healthy lifestyles, the centerpiece of which is the *5-2-1-Almost None* campaign.

NHPS is the newest division of Nemours, one of the nation's largest pediatric health systems, operating the Alfred I. duPont Hospital for Children and outpatient facilities throughout the Delaware Valley and northern and central Florida. NHPS expands Nemours' reach beyond clinical care to consider the health of the whole child within his or her family and community.

