

Distrito Escolar Unificado de Los Ángeles
Evaluación Física Previa a la Participación

ANEXO A-1

Nombre del alumno(a): _____ Sexo: _____ Edad: _____ Fecha de nacimiento: _____
 Grado: _____ Escuela: _____ Deporte(s): _____
 Dirección: _____ Teléfono: _____
 Doctor o proveedor médico personal: _____
 Persona a notificar en caso de emergencia. Nombre: _____ Relación: _____
 Teléfono: (Casa) _____ (Trabajo) _____ (Celular) _____ (Celular) _____

¿Padece de alguna alergia? ☐ Yes ☐ No Si marcó 'Sí', por favor identifique la alergia específica a continuación.

☐ Picaduras de insectos

El padre/madre/tutor legal y el alumno(a) deben llenar completamente esta sección antes de participar en el programa deportivo interescolar. Explique las respuestas con "Sí" a continuación. Marque con un círculo las preguntas que no sepa.

[illegible]

Por la presente indico que, a mi leal saber y entender, mis respuestas anteriores estan completas y correctas.

Firma del atleta	Firma del padre/madre/tutor legal	Fecha
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Physical Examination Form

The section below is to be completed by physician or staff after history and consent forms are completed.

ANEXO A-1

Student's Name: _____ DOB: _____
 Height: _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: _____ / _____ (_____ / _____, _____ / _____)
 Vision: R 20/ _____ L 20/ _____ Corrected: ☐ Y ☐ N Pupils: Equal _____ Unequal _____

EMERGENCY INFORMATION

Allergies: _____
 Other Information: _____

MEDICAL	Normal	Abnormal Findings
Appearance ● Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ Ears/ Nose/ Throat ● Pupils equal ● Hearing		
Lymph Nodes		
Heart ¹ ● Murmurs (auscultation standing, supine, +/- Valsalva) ● Location of point of maximal impulse (PMI)		
Lungs		
Abdomen		
Genitourinary (males only) ²		
Skin ● HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ³		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/ Arm		
Elbow/ Forearm		
Wrist/ Hand/ Fingers		
Hip/ Thigh		
Knee		
Leg/ Ankle		
Foot/ Toes		
Functional ● Duck walk, single leg hop		

¹ Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam

² Consider GU exam if in private setting. Having 3rd party present is recommended.

³ Consider cognitive evaluation or baseline neuropsychiatric setting if a history of significant concussion.

Clearance

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports: _____

Reason/Recommendations: _____

I have evaluated the above-named student and completed the Pre-Participation Physical Evaluation. The athlete does not present apparent contraindications to practice, tryout and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician/ Provider: (print/ type/ stamp) _____ (MD, DO, NP or PA) Date: _____

Address: _____ Phone: _____

Signature of Physician/ Provider: _____

Modified from American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, 2010.