



Calgary Bantam Football Association
PREPARTICIPATION PHYSICAL EVALUATION
PART A • MEDICAL HISTORY



This is a two-part form. Part A (Medical History) must be completed annually by the parent (or guardian) and player in order for the player to participate in CBFA activities. These questions are designed to determine if the player has any condition which would make it hazardous to participate. Part B, the Medical Examination and Clearance form is required only if there are concerns documented in Part A.

Please Print

Player's Name: _____ Date of Birth _____ Sex _____ Age _____
Address _____ Phone _____
School _____ Grade _____ Alberta Health Care Number _____
Personal Physician: _____ Phone: _____
In case of emergency, contact:
Name: _____ Relationship: _____ Phone (H) _____ (W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to. Any "Yes" answer to question 1, 4, 5 or 10 requires further medical evaluation and written clearance from a physician before participation in CBFA practices or games (Part B – Medical Examination and Clearance Form)

Yes No

Yes No

1. Do you have an ongoing or chronic illness?
Have you had a medical illness or injury since your last check up or sports physical?
2. Have you been hospitalized overnight in the past year?
Have you ever had surgery?
3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?
Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
4. Cardiovascular Health •
Have you ever passed out during or after exercise?
Have you ever been dizzy during or after exercise?
Have you ever had chest pain during or after exercise?
Do you get tired more quickly than your friends do during exercise?
Have you ever had racing of your heart or skipped heartbeats?
Have you had high blood pressure or high cholesterol?
Have you ever been told you have a heart murmur?
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?
Has a physician ever denied or restricted your participation in sports for any heart problems?
5. Concussions
Have you ever had a head injury or concussion (for example been dinged or had your bell rung)?
Have you ever been knocked out, become unconscious, or lost your memory?
Have you had to miss playing time because of a concussion?
If yes to any of the above three questions, how many times?
Have you been medically cleared to play since those concussions?
Please explain your concussions below.
6. Have you ever had a seizure?
7. Do you have frequent or severe headaches?
8. Have you ever had numbness or tingling in your arms, hands, legs, or feet?
9. Have you ever had a stinger, burner, or pinched nerve?

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10. Are you missing any paired organs (Lungs, Kidney, Testes, Ovaries)?
11. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
12. Have you ever become ill from exercising in the heat?
12. Have you had any problems with your eyes or vision?
13. Do you cough, wheeze or have troubles breathing during or after exercise?
Do you have asthma?
Do you have seasonal allergies that require medical treatment?
14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?
15. Have you ever had a sprain, strain, or swelling after injury?
Have you broken or fractured any bones or dislocated any joints?
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?
If yes, check appropriate box and explain below.

Neck	Forearm	Thigh
Head	Elbow	Hip
Back	Wrist	Knee
Chest	Hand	Shin/Calf
Shoulder	Finger	Ankle
Upper Arm		Foot
16. Are any of these injuries still a problem for you?
17. Do you want to weigh more or less than you do now?
Do you lose weight regularly to meet weight requirements for your sport?
18. Do you feel stressed out?
19. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?
20. Date of last Tetanus immunization

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Part B Medical Examination and Clearance form must be completed if:

- a) You answered "Yes" to any question relating to a cardiovascular health issue. These players should be restricted from further participation until the individual is examined and cleared by a physician.
- b) You have had a concussion that was not medically cleared to play or have had multiple concussions (more than 1).
- c) You are missing organs such that damage would result in severe health risk.
- d) You are experiencing ongoing problems with an injury.

EXPLAIN 'YES' ANSWERS HERE (attach another sheet if necessary) Please include dates of previous injuries:

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct

Player signature: _____ Parent/Guardian Signature: _____ Date: _____

Head Coach has reviewed this information: _____ Date: _____



Calgary Bantam Football Association
PREPARTICIPATION PHYSICAL EVALUATION
PART B - PHYSICAL EXAMINATION AND MEDICAL CLEARANCE



Dear Physician: This player has identified concerns on Part A of the CBFA Preparticipation Physical Evaluation. These concerns require an assessment by a physician and clearance to play. Please review the Part A form and complete the following form in order to provide your recommendation as to whether or not this player should be cleared to play full contact tackle football.

Player's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ BMI _____ Pulse _____ BP _____/_____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Aooearance		
Eves/Ears/Nose/Throat		
Lymph Nodes		
Marfan's Syndrome Stigmata		
Heart Point of Maximal Impulse (Intensity . Displacement)		
Murmurs - Standing		
Murmurs - Supine		
Pulses		
Lunos		
Abdomen		
Genitalia		
Skin		
NEUROLOGICAL		
SCAT Symptom Score		
Neuroloaicalexam		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leo/Ankle		
Foot		

CLEARANCE

Cleared without restrictions

☐ Cleared after completing evaluation/rehabilitation on: _____

☐ Not cleared due to: _____

Recommendations prior to participation (Eg. Rehabilitation):

Physician's Name (print/type) _____ Date of Examination: _____

Address: _____

Signature: _____ Phone Number: _____

Head Coach has reviewed this information: _____ Date: _____