WILKES COUNTY HEALTH DEPARTMENT
MESH (Mobile Expanded School Health)

Please complete the following data to make our records on your child complete.

Student's Name_____Date of Birth_____
First Middle Last

Soc.Sec.#_____Race_____Sex_____Hispanic: Yes No

Address_____
Street City State Zip Code

Phone:_____

Parents:
Father_____ Mother_____

Address_____ Address_____

_____ _____

Phone_____ Phone_____

MEDICAL HISTORY FORM MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN PRIOR TO THE EXAM DATE

The fee of $20.00 is payable at the time of the sport physical. NO DEBIT/CREDIT CARDS
Make checks payable to: Wilkes County Health Department

Parents may call (336) 957-7043 for questions or to schedule an appointment on the MESH Unit.

****The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc. This list is not all inclusive, individual cases will be considered based upon the provider's level of comfort with the problem.**

I consent for my child to receive a sport physical at school/community provided by the Wilkes County Health Department MESH Unit.

Parent/Guardian_____ Date_____

WCHD
Rev. 04/13/16

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM /
ASOCIACIÓN DE ATLETISMO DE LAS ESCUELAS DE SECUNDARIA SUPERIOR DE CAROLINA DEL NORTE FORMULARIO DE EXAMINACIÓN PARA LA PARTICIPACIÓN EN DEPORTES

Student Athlete's Name / Nombre del estudiante atleta: _____

DOB / la fec. nac. : _____ **Age / Edad:** _____ **Gender / Género:** _____

This is a screening examination for participation in sports. This DOES NOT substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.
Este es una evaluación para la participación en deportes. No sustituye un examen detallado con el médico regular de su hijo(a), donde información de salud importante y preventiva puede ser cubierta.

Student-Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.
Instrucciones para el deportista: Por favor, revise todas las preguntas junto con su padre/madre/tutor legal y contéstelas lo mejor mejor posible de acuerdo a su conocimiento.

Parent/Legal Custodian Directions: Please make sure that all questions are answered to the best of your knowledge. If you do not understand or are unsure about the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.
Instrucciones para los padres de familia: Por favor, asegúrese que todas las preguntas son contestadas lo mejor posible de acuerdo a lo que sabe. Si no entiende o no sabe la respuesta a una pregunta, por favor, pregúntele a su médico. El no divulgar información precisa puede perjudicar la salud de su hijo(a) mientras hace deporte.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any "Yes" or "Unsure" answers.

Explain "Yes" or "Unsure" answers in the space provided below or on an attached separate sheet if needed / En el espacio de abajo explique todas sus respuestas que contestó con "Sí" o "No sé"	**Yes / Sí**	**No**	**Unsure / No sé**
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, migraine, etc.)? List: ¿El deportista tiene alguna enfermedad crónica [diabetes, asma (asma inducida por ejercicio), problemas con los riñones, etc.? Enumere:	☐	☐	☐
2. Is the student-athlete presently taking any medications or pills? ¿El deportista está tomando actualmente algún medicamento o pastillas?	☐	☐	☐
3. Does the student-athlete have any allergies (medicine, bees or other stinging insect, latex)? ¿El deportista tiene alguna alergia (a medicina, las abejas u otros insectos que pican, látex)?	☐	☐	☐
4. Does the student-athlete have the sickle cell trait? ¿El deportista tiene la enfermedad de células falciformes?	☐	☐	☐
5. Has the student-athlete ever had a head injury, been knocked out, or had a concussion? ¿Alguna vez el deportista se ha lastimado la cabeza, ha sido noqueado, o ha tenido una contusión?	☐	☐	☐
6. Has the student-athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities? ¿Alguna vez el deportista se ha lastimado la cabeza (insolación) o calambres musculares severos con actividades?	☐	☐	☐
7. Has the student-athlete ever passed out or nearly passed out DURING exercise, emotion, or startle? ¿Alguna vez el deportista se ha desmayado o casi se ha desmayado MIENTRAS está haciendo ejercicio, o al emocionarse o espantarse?	☐	☐	☐
8. Has the student-athlete ever fainted or passed out AFTER exercise? ¿Alguna vez el deportista ha desmayado o ha perdido el conocimiento DESPUÉS de hacer ejercicio?	☐	☐	☐
9. Has the student-athlete had extreme fatigue (been really tired) with exercise (different from other children)? ¿Alguna vez el deportista ha tenido fatiga (cansancio extremo) con el ejercicio (diferente de otros niños)?	☐	☐	☐
10. Has the student-athlete ever had trouble breathing during exercise, or a cough with exercise? ¿Alguna vez el deportista ha tenido dificultad para respirar mientras está haciendo ejercicio, o le ha dado tos con el ejercicio?	☐	☐	☐
11. Has the student-athlete ever been diagnosed with exercise-induced asthma? ¿Alguna vez un médico le ha dicho al deportista que tiene asma inducida por el ejercicio?	☐	☐	☐
12. Has a doctor ever told the student athlete that they have high blood pressure? ¿Alguna vez un médico le ha dicho al deportista que tiene presión alta?	☐	☐	☐
13. Has a doctor ever told the student-athlete that they have a heart infection? ¿Alguna vez un médico le ha dicho al deportista que tiene una infección del corazón?	☐	☐	☐
14. Has the doctor ever ordered an EKG or other test for the student-athlete's heart, or has the athlete ever been told they have a heart murmur? ¿Alguna vez un médico ordenó un electrocardiograma u otra prueba para el corazón del deportista, o le han dicho al deportista que tiene un soplo en el corazón?	☐	☐	☐
15. Has the student-athlete ever had discomfort, pain, or pressure in their chest during or after exercise or complained of their heart "racing" or "skipping beats"? ¿Alguna vez el deportista ha tenido molestias, dolor o presión en el pecho durante o después de hacer ejercicio o se ha quejado de sentir el corazón acelerado (palpitaciones) o latidos irregulares del corazón?	☐	☐	☐

16. Has the student-athlete ever had a seizure or been diagnosed with an unexplained seizure problem? ¿Alguna vez el deportista ha tenido una convulsión o ha sido diagnosticado con un problema de convulsiones inexplicables?	☐	☐	☐
17. Has the student-athlete ever had a stinger, burner, or pinched nerve? ¿Alguna vez el deportista ha tenido un nervio pinchado, quemado o lastimado?	☐	☐	☐
18. Has the student-athlete ever had any problems with their eyes or vision? ¿Alguna vez el deportista ha tenido problemas con sus ojos o de visión?	☐	☐	☐
19. Place a check beside each body part that the student-athlete has ever sprained/strained, dislocated, fractured, broken had repeated swelling in or had any other type of injury to any bones or joints? ¿Alguna vez el deportista ha tenido un esguince, dislocado, fracturado, roto o ha tenido inflamación repetida u otra herida en cualquier hueso o articulación? ☐Head/Cabeza ☐Shoulder/Hombro ☐Thigh/Muslo ☐Neck/Cuello ☐Elbow/codo ☐Knee/Rodilla ☐Forearm/Antebrazo ☐Shin/calf/Pantorilla ☐Back/Espalda ☐Wrist/Muñeca ☐Ankle/Tobillo ☐Hand/Mano ☐Chest/Pecho ☐Foot/Pie ☐Hip/Cadera ☐Other/Otro: _____	☐	☐	☐
20. Has the student-athlete ever had an eating disorder, or are there concerns about his/her eating habits or weight? ¿Alguna vez el deportista ha tenido un problema alimenticio o usted tiene alguna preocupación acerca de sus hábitos alimenticios o su peso?	☐	☐	☐
21. Has the student-athlete ever been hospitalized or had surgery? ¿Alguna vez el deportista ha sido hospitalizado o ha tenido una cirugía?	☐	☐	☐
22. Has the student-athlete had a medical problem or injury since their last evaluation? ¿El deportista ha tenido un problema de salud o se ha lastimado desde su última evaluación física?	☐	☐	☐
23. (Place a check beside each statement that applies to the student-athlete, elaborate in the space provided below). (Coloque una marca al lado de cada enunciado que corresponda al deportista, provea más detalles en el espacio provisto a continuación). a. Has the student-athlete had little interest or pleasure in doing things? ¿El deportista ha tenido poco interés o placer en hacer las cosas?	☐	☐	☐
b. Has the student-athlete been feeling down, depressed, or hopeless for more than 2 weeks in a row? ¿El deportista se ha sentido triste, deprimido o desesperado durante más de 2 semanas seguidas?	☐	☐	☐
c. Has the student-athlete been feeling bad about himself/herself that they are a failure, or let their family down? ¿El deportista se ha sentido mal acerca de sí mismo(a), que es un fracasado(a) o está defraudando a su familia?	☐	☐	☐
d. Has the student-athlete had thoughts that he/she would be better off dead or hurting themselves or others? ¿El deportista ha tenido pensamientos donde estaría mejor muerto o ha pensado hacerse daño a sí mismo(a)?	☐	☐	☐
FAMILY HISTORY/HISTORIA FAMILIAR	**Yes / Sí**	**No**	**Unsure / No sé**
24. Has any family member had a sudden, unexpected, death before age 50 (including from sudden infant death syndrome [SIDS], car accident, or drowning)? ¿Algún miembro de la familia ha fallecido repentinamente o inesperadamente antes de los 50 años (incluyendo el síndrome de muerte infantil repentina (SIDS, por sus siglas en inglés), accidente de coche, ahogo)?	☐	☐	☐
25. Has any family member had unexplained heart attacks, fainting, or seizures? ¿Algún miembro de la familia ha tenido ataques, desmayos o convulsiones repentinos?	☐	☐	☐
26. Does the athlete have a father, mother, or brother with sickle cell disease? ¿El padre, madre o algún hermano(a) del deportista tienen la enfermedad de células falciformes?	☐	☐	☐

Explain "yes" or "unsure" answers here / Escriba acerca de las respuestas a las cuales contestó "Sí" o "No sé":

_____

_____

By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.
Al firmar en la parte de abajo usted está indicando que está de acuerdo con que ha revisado y contestado todas las preguntas anteriores/ Cada pregunta es respondida y es correcta según mi conocimiento. Además, como padre de familia o tutor legal, doy mi consentimiento para esta evaluación y doy permiso para que mi hijo(a) participe en deportes.

Signature of parent/legal custodian / Firma del padre/tutor legal: _____

Date / Fecha: _____ Phone / Telefónico #: _____

Signature of athlete / Firma del deportista: _____ Date / Fecha: _____

Student-Athlete's Name: _____ **Age:** _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **BP (% ile) / (% ile) Pulse:** _____

Vision: R 20/_____ **L 20/**_____ **Corrected: Y N Sports(s):** _____

Physical Examination (Below Must be Completed by Licensed Physician, Nurse Practitioner or Physician Assistant)

These are required elements for all examinations			
	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates

HEENT			
ABDOMNIAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:

☐ **A. Cleared**

☐ **B. Cleared after completing evaluation/rehabilitation for:** _____

☐ ***** C. Medical Waiver Form must be attached (for the condition of:** _____)

☐ **D. Not cleared for:** ☐ **Collision** ☐ **Contact**
☐ **Non-contact** _____ **Strenuous** _____ **Moderately strenuous** _____ **Non-strenuous**

Due to: _____

_____

_____

Additional Recommendations/Rehab Instructions: _____

_____

_____

Name of Physician/Extender: _____ (Please print)

Signature of Physician/Extender: _____ MD DO PA NP (Please circle)

(Both signature and circle of designated degree required)

Date of Examination: _____

Address: _____

_____

Phone: _____

Physician Office Stamp

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