



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: _____

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?	0	0	10. Are you missing any paired organs (Lungs, Kidney, Testes, Ovaries)?	0	0
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	0	0	11. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	0	0
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)?	0	0	12. Have you ever become ill from exercising in the heat?	0	0
4. Cardiovascular Health *			13. Have you had any problems with your eyes or vision?	0	0
Have you ever passed out during or after exercise?	0	0	14. Do you cough, wheeze or have troubles breathing during or after exercise?	0	0
Have you ever been dizzy during or after exercise?	0	0	Do you have asthma?	0	0
Have you ever had chest pain during or after exercise?	0	0	Do you have seasonal allergies that require medical treatment?	0	0
Do you get tired more quickly than your friends do during exercise?	0	0	15. 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 or hearing aid)?	0	0
Have you ever had racing of your heart or skipped heartbeats?	0	0	16. Have you ever had a sprain, strain, or swelling after injury?	0	0
Have you had high blood pressure or high cholesterol?	0	0	Have you broken or fractured any bones or dislocated any joints?	0	0
Have you ever been told you have a heart murmur?	0	0	Have you had any problems with pain or swelling in muscles, tendons bones or joints?	0	0
Has any family member or relative died of heart problems or of Sudden unexpected death before age 50?	0	0	If yes, check the appropriate box and explain below.		
Has any family member been diagnosed with enlarged heart, Hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?	0	0	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Have you had a severe viral infection (for example, myocarditis, Or mononucleosis) within the last month?	0	0	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Has a physician ever denied or restricted your participation in Sports for any heart problems?	0	0	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
5. Concussions *			<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you ever had a head injury or concussion (for example, been dinged or had your bell rung)?	0	0	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Have you ever been knocked out, become unconscious, or lost your memory?	0	0	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
Have you had to miss playing time because of a concussion?	0	0	17. Are any of these injuries still a problem for you?	0	0
If yes to any of the above three questions, how many times? _____			18. Do you want to weigh more or less than you do now?	0	0
Have you been medically cleared to play since those concussions	0	0	Do you lose weight regularly to meet weight requirements for sport?	0	0
Please explain your concussions below.			19. Do you feel stressed out?	0	0
6. Have you ever had a seizure?	0	0	20. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	0	0
7. Do you have frequent or severe headaches?	0	0	21. Date of last Tetanus immunization _____		
8. Have you ever had numbness or tingling in your arms, hands, legs or feet?	0	0			
9. Have you ever had a stinger, burner, or pinched nerve?	0	0			

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 you were 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:

In the event of an injury I give Athletic Therapists permission to discuss my injury with my coaching staff, team manager, and the team's designated medical professional as necessary. I consent to the disclosure of this medical information to the above-mentioned individuals via online injury report. I understand that I can revoke this permission at any time.

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.

For evaluation of simple concussion the Sport Concussion Assessment Tool is an excellent method of documenting concussion symptoms and clinical findings. It is available at: www.cps.ca/English/statements/HAUHAL06-01.pdf

An excellent summary of the Preparticipation Physical Examination is at www.aafp.org/afp/20000S01/2683.html

Player's Name _____ Sex _____ Age _____ Date of Birth _____
Height _____ Weight _____ BMI _____ Pulse _____ BP _____ / _____

MEDICAL

NORMAL

ABNORMAL FINDINGS

Appearance _____

Eyes/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 _____

Neurological exam _____

MUSCULOSKELETAL

Neck _____

Back _____

Shoulder/Arm _____

Elbow/Forearm _____

Wrist/Hand _____

Hip/Thigh _____

Knee _____

Leg/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: _____