



**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 _____		
<b>In case of emergency, contact:</b>			
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?<br>Have you had a medical illness or injury since your last check up or sports physical?  | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you missing any paired organs (Lungs, Kidney, Testes, Ovaries)? <sup>c</sup>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year?<br>Have you ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?<br>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?<br>Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?  | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you ever become ill from exercising in the heat?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <b>Cardiovascular Health</b> <sup>a</sup><br>Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden unexpected death before age 50?<br>Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm?<br>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you had any problems with your eyes or vision?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <b>Concussions</b> <sup>b</sup><br>Have you ever had a head injury or concussion (for example been dinged or had your bell rung)?<br>Have you ever been knocked out, become unconscious, or lost your memory?<br>Have you had to miss playing time because of a concussion?<br>If yes to any of the above three questions, how many times?<br>Have you been medically cleared to play since those concussions?   | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you cough, wheeze or have troubles breathing during or after exercise?<br>Do you have asthma?<br>Do you have seasonal allergies that require medical treatment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> | 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)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have frequent or severe headaches?  | <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever had a sprain, strain, or swelling after injury?<br>Have you broken or fractured any bones or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?<br><i>If yes, check appropriate box and explain below.</i>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had numbness or tingling in your arms, hands, legs, or feet?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh<br><input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip<br><input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee<br><input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf<br><input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle<br><input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had a stinger, burner, or pinched nerve?   | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are any of these injuries still a problem for you? <sup>d</sup>   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 17. Do you want to weigh more or less than you do now?<br>Do you lose weight regularly to meet weight requirements for your sport?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 18. Do you feel stressed out?   | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 19. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?  | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          | 20. Date of last Tetanus immunization _____   |                          |                          |

**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:

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**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/HAL/HAL06-01.pdf](http://www.cps.ca/English/statements/HAL/HAL06-01.pdf)  
 An excellent summary of the Preparticipation Physical Examination is at: <http://www.aafp.org/afp/20000501/2683.html>

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

<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Marfan's Syndrome Stigmata		
Heart Point of Maximal Impulse (Intensity, Displacement)		
Murmurs - Standing		
Murmurs - Supine		
Pulses		
Lungs		
Abdomen		
Genitalia		
Skin		
<b>NEUROLOGICAL</b>		
SCAT Symptom Score		
Neurological exam		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

**CLEARANCE**

- Cleared without restrictions
- Cleared after completing evaluation/rehabilitation: \_\_\_\_\_
- \_\_\_\_\_
- 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: \_\_\_\_\_